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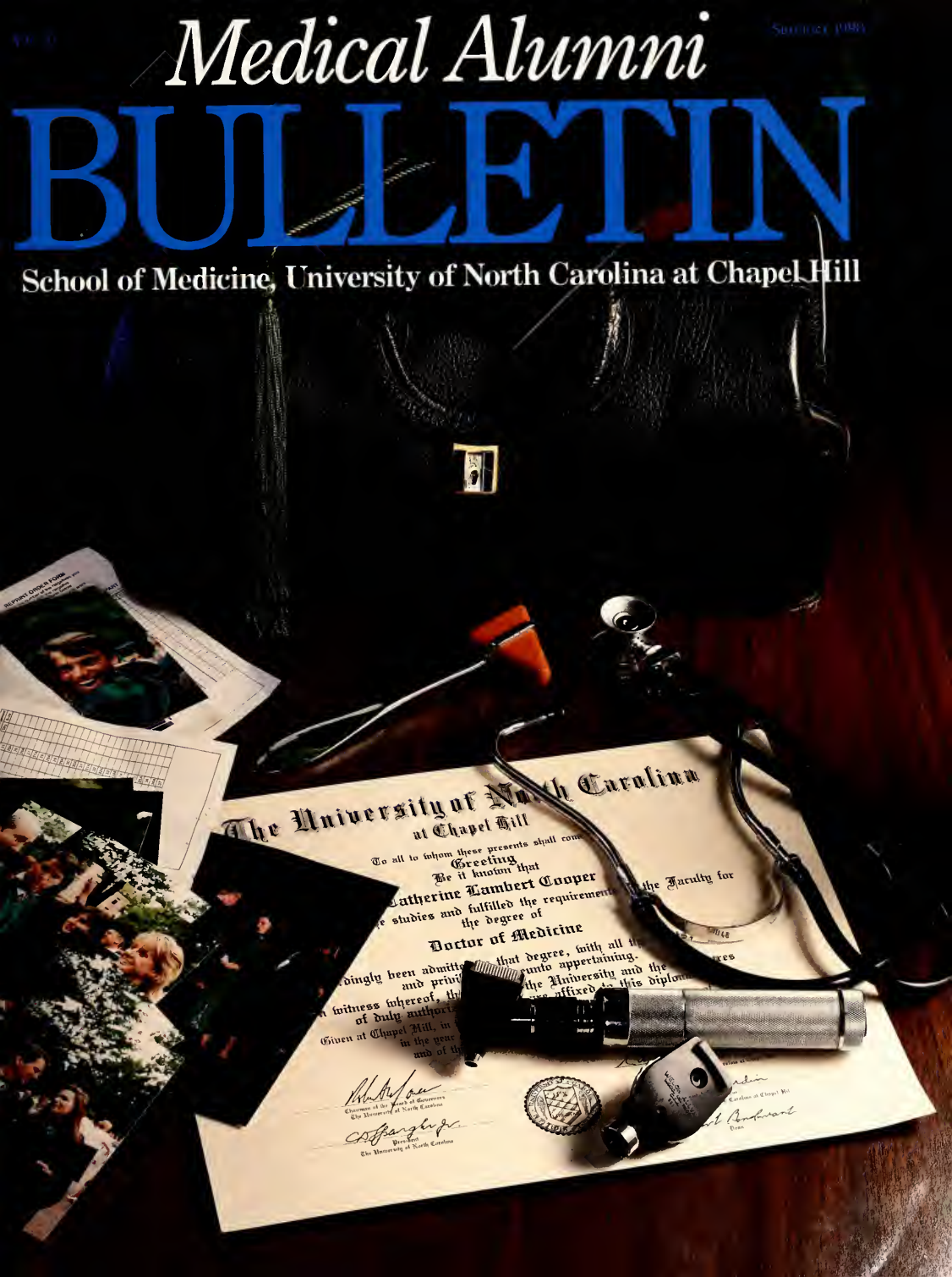
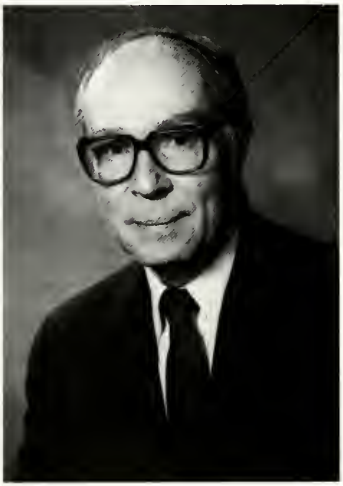
Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill



Dean's Page



The Johns Hopkins Medical School is celebrating its 100th anniversary with a series of programs intended to contribute to the advancement of health care. One such program is called, "Doctoring in America: The Next 100 Years." As a part of that program, I have been asked to offer prescriptions for the future. For this Dean's Page I want to share the prescriptions I will offer.

First, I would prescribe the development and adaptation of a set of values for physicians, other health care professionals, and institutions of the health care system. The values should accommodate the social and religious diversity of the nation. They should guide clinical practice and resource allocation. The public should be involved in the development of the values.

Second, I would prescribe national consensus on the criteria to be used to allocate resources to health care and within the health care sector.

Third, I would prescribe for the nation a coherent health care system that is humane and has reasoned organization and rational financing. I do not believe this can be achieved by federal management, but I do believe it can be achieved or our present inefficient system can be considerably improved by a stronger system involving a sort of joint venture by both public and private sectors.

Fourth, I would prescribe continuing broadening of the scope of medical practice to include greater emphasis on health promotion and disease prevention, population or community based practice, human relations, and environmental and behavioral aspects of medical practice.

Fifth, I would prescribe for physicians the medical equivalent of a liberal arts education designed to provide a base in biomedical, psychological, and social sciences that, like its counterpart in undergraduate education, would best equip physicians to accommodate the changes in content and form of their clinical practices which will surely continue over their professional careers.

Sixth, I would prescribe a vigorous program of biomedical and behavioral research to include, in addition to basic and clinical research, emphasis on rehabilitation and accommodation to disease, as well as prevention and cure. I believe doubling of the national biomedical research effort over a period of five years would save in health care costs more than the cost of the research. I would also strengthen our capacity in technology assessment and operational analysis of the health care system.

Seventh, I would prescribe a national policy for the United States under which the United States would lead the world in addressing global health problems in a systematic way.

In addition, for managing medical mishaps, including malpractice, I would prescribe a system that fairly compensates the victim and treats the physician in ways appropriate to the situation.

These prescriptions constitute a very large agenda, and yet there are scores of others that also deserve attention. This would make quite an agenda for the future.

Stuart Bondurant, Dean

Medical Alumni BULLETIN

School of Medicine, University of North Carolina at Chapel Hill

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On the Cover

Commencement 1990—a time when UNC School of Medicine graduates made the transition from students to doctors-in-training. Among the Class of '90 in the cover snapshots are: Thomas Downs (top); Douglas Ririe, Marion Johnson, Dominic Jaeger and Linda Johnson (left); Catherine Cooper, being congratulated by Dean Bondurant (right); and Ririe and Judith Gurley (bottom). (Studio photograph by Mary Beth McAuley.)

Hemophilia Offers a Promising Target for Gene Replacement Therapy

By Bill Burrus

In the not-too-distant future, hemophilia patients may routinely receive normal genes that will enable their bodies to produce clotting factors, thus controlling lifelong peril. Patients with other serious or fatal diseases may also be candidates for gene transfer or replacement.

And if this dramatic molecular-level *cure* for genetic disease is realized, contributions made by High Point native Katherine A. High, M.D., and other UNC-Chapel Hill investigators will be major factors in the scientific triumph. They are at the forefront of clinical gene transfer efforts now under way in laboratories around the world.

A long, fruitful quest toward gene implants has been unfolding in laboratories of High and colleagues on the Chapel Hill campus for the last five years. What was once a field of puzzling molecular biology questions is beginning to fill with answers—beginning to make scientific and clinical sense.

High, who received her M.D. from the UNC School of Medicine in 1978, is assistant professor of medicine and pathology, director of the Clinical Coagulation Laboratory, and a faculty member of the Curriculum in Genetics.

Despite significant progress toward gene replacement, she emphasizes that many investigators worldwide are involved in this work. She also cautions that, as the work evolves, continuing success in painstaking animal studies will be necessary.

High also seeks to link research results with clinical treatment for hemophilia patients in the University of North Carolina Hospitals. As one example, she and colleagues in the Departments of Medicine and Pathology and the Center for Thrombosis and Hemostasis are authors of an article featured recently on the cover of *Blood,* a leading hematology journal, describing a novel mutation causing severe Hemophilia B in a patient at the Comprehensive Hemophilia Center at UNC-Chapel Hill. This and other genetic mutation discoveries at Chapel Hill have significantly advanced the identification of carriers and antenatal diagnosis of hemophilia, and have helped elucidate the function and structure of the clotting proteins causing the disease.

> What was once a field of puzzling molecular biology questions is beginning to fill with answers.

Considerable effort is now focused on finding methods permitting rapid screening of only the 3 kilobase coding region of the factor IX gene, rather than the entire factor IX gene spanning 35 kilobases. High believes this work, as well as investigations directed toward gene replacement therapy for factor IX (hemophilia-B), can be extrapolated with additional effort to the six-times-larger factor VIII gene—the gene identified with the more common "classic" manifestation of hemophilia.

In similar ways, all her work seems "of a piece," from High's perspective. As a hematologist, much of her time is spent helping patients, more specifically the hemophilia patient. In hemophilia, help comes best at a molecular level, and she has always been comfortable with molecules, even growing up in the Piedmont section of North Carolina.

There, admiring a grandfather who was a chemist, Katherine High thought that science should be her calling from an early age. After outstanding scholarship in high school, she went on to major in chemistry at Harvard. At the UNC School of Medicine, High continued to pursue her interest in chemistry. She took a year off as a medical student at UNC to work in a chemistry research laboratory on methylmethacrylate, a polymer that is an important ingredient in artificial joints.

"While I was a house officer in internal medicine, I came to realize that since a large part of my background was in chemistry, I was more oriented toward biochemical and molecular approaches to the study of disease," she recalls. "That pointed me toward some subspecialties more than others. Along with endocrinology, hematology is one of the fields best understood at a molecular level, since hemoglobin was one of the first proteins crystallized, and its structure was known early at a three-dimensional level. Globin messenger RNA is easily accessible in a pure form and in reticulocytes, and the gene for globin was

one of the first understood at a molecular level."

For those reasons, she took a fellowship at Yale which involved four years of work in the laboratory of Edward Benz, M.D., now chief of hematology at the New Haven center.

Then, High welcomed an opening that brought her to the Chapel Hill faculty in 1985, a decision rooted in family matters as much as professional progress. She is married to a fellow UNC alumnus, George Steele, M.D., an internist who is to join the Duke University School of Medicine faculty in July.

"I enjoyed New England during my educational process, but I always felt drawn back to North Carolina. I have considered other offers, but we like living in North Carolina and plan to stay here."

Discussing her work over the past five years, High said hemophilia is an important, appealing model for gene therapy on several counts, and it makes this disease a frontrunner for achievement of actual replacement of genes in patients.

First, since hemophilia patients lack a clotting factor, the ideal treatment would be to replace the responsible defective gene, giving patients a normal gene enabling them to manufacture their own clotting product. Also, production of clotting factor is not tissue-specific. It can be produced anywhere in the body as long as the protein can then gain access to the body's general circulation. In contrast, in hemoglobinopathies such as sickle cell disease for which genes have been cloned, the globin gene would have to be expressed at exactly the right site and right level among the patient's red cell precursors, or it would not be effective.

As of now, genetic manipulators do not have the capacity to deliver genes to specific tissues. "We are constrained to tissues we can take out, manipulate and put back in." With clotting factor VIII or IX, the gene itself carries the signals that tell the protein it should go out of the cell. As long as it can be secreted and gain access to the circulation, it does not matter where in the body the protein is made. The gene can be placed selectively in long-lived cells.

Another advantage for gene work with hemophilia is that unlike in diabetes—where a meticulously exact amount of insulin must be provided to help patients—considerable clinical leeway exists with clotting factor. If a person has less than 1 percent activity and gene replacement increases that activity to 2-3 percent, High notes that the disease would be dramatically altered.

"In the clinic, patients with less than 1 percent activity have severe hemophilia with spontaneous bleeds, and they are dependent upon protein clotting factor. But another patient with 3 percent activity may have virtually no spontaneous bleeds, and will not experience trouble unless involved in an accident or surgery." Even if clotting factor is increased greater than 100 percent, patients do not seem to be harmed.

Partly, High explained, this advantage comes from the clotting system being a cascade which must be activated in several steps before factor VIII and IX are reached. "We know on a clinical basis that even if we overshoot, we are not going to hurt the patient."

The method of delivery of the gene is important and many experimental approaches have been tried. Currently, High's group is collaborating with A.D. Miller, Ph.D., and colleagues at the University of Washington in Seattle, using a recombinant retrovirus capable of infecting a variety of canine cells in tissue culture. In tissue culture work, this retrovirus is the delivery mechanism for factor IX cDNA. They are looking now for the approaches assuring the highest levels of gene expression and for the longest time of gene expression. With previous methods of gene transfer, diminishing expression of genes has been a problem.

What does the future hold for gene transfer therapy? "The animal model here has put us, and others, in a good position for gene replacement therapy in hemophilia," High says. "In my opinion, someone is going to make gene transfers work at an animal level within two or three years. If not us, somebody else.

"Then, if promising data are obtained, the long-term goal is gene replacement therapy in hemophilia and other human genetic disease."

Photo by Dan Crawford

Katherine High, M.D., in her lab.

Profile of a Down-Home Country Doctor

It was a cold December morning. It was Sunday. The sky was clear. There was little wind. The sun had just come up. The town was quiet. She was dead. She had lived only three months. She was tiny. I noted when I took her hand in mine that it was the same size as my thumb. Her skin was delicate, warm but pale. Her mother silently sat on the bed. Tears ran down her cheeks. She was sixteen years old and a high school drop-out. She was single. The mother's aunt was the only person who would take them in.

The house in which they lived was only six blocks from my house. It had four rooms separated from each other by curtained doorways. There was one source of heat, a kerosene heater that was also used for cooking. Six persons lived there, seven before the baby died. The aunt was the head of the household. She was the only person living there who had a regular job. She worked at the poultry plant from early morning until late afternoon, five days a week.

Why did the baby die? She had not been sick. She had cried most all the time the first few weeks but lately had cried very little. She always had a good appetite until just recently. A nurse had instructed the mother to give the infant one can of Carnation Milk a day. It should be diluted with water to make a quart. There were two cases of Carnation Milk in the corner of the room. But, Carnation Milk comes in two sizes. These were the small cans. The baby had starved to death.

—By James Seaborn Blair Jr., M.D., from *A Retrospective Examination of Change in a Rural Community and a Medical Practice Located Therein.*

By Leslie M. Purcell

In a sleepy eastern North Carolina town where the turkeys, chickens and pigs outnumber the people 510 to one, the grass is green, the sky is blue, and the family doctor still makes an occasional house call.

For more than 40 years, J. Seaborn Blair Jr., M.D., a 1945 graduate of the UNC Certificate of Medicine program and a 1947 graduate of the University of Maryland School of Medicine in Baltimore, has served Wallace, NC, and its neighboring communities as family physician, educator, community leader and friend.

"When I first opened my practice here in 1949," Blair said, "there were three other doctors in town. While the population in Wallace hasn't changed much, the area has grown to about 30,000 people. And we still have only four doctors.

"Being a physician in a rural area gives prestige, but it also gives great responsibility to use the knowledge that you have in the community."

The challenge, he says, is to be "the physician in the community, not just in the community as a physician."

And Blair has met the challenge well.

Over the years, he has taken an active leadership role in his community in developing health care clinics for migrant workers and other medically underserved people. In the 1960s he spoke out against segregation and chaired the local Good Neighbor Council. With his brother Mott Blair, a dentist in Siler City, he periodically runs medical clinics in poverty stricken Honduras. He has served as team physician for the athletes of Wallace-Rose Hill High School for many years. And in a given day, he may talk to a kindergarten class about the importance of taking care of themselves, then drive to Greenville to teach a class of medical students at East Carolina University School of Medicine.

To top it all off, he's the father of three physicians—sons Mott and Seaborn, both family medicine residents at ECU, and daughter Betsy, a pediatric resident at University of North Carolina Hospitals—and he maintains his private practice.

His contributions to his community and to mankind have not gone unnoticed by colleagues and friends. In 1987, the North Carolina Academy of Family Physicians honored Blair with the North Carolina Family Physician of the Year Award, and in 1988, he was recognized by the American Academy of Family Physicians as the nation's Family Physician of the Year. In March of this year, he received the North Carolina Human Relations Council 1990 Citizen Award for community service and outstanding achievements in human relations.

His national and state awards have brought him much recognition and media attention. NBC-TV featured Blair on the "Today Show," and numerous local and regional television stations, newspapers and other publications have run stories on him as well.

Of the recognition he has received for his life's work, Blair said, "It's very humbling. I feel grateful. I get emotional when I think about it. I know that there are many others more deserving. But to think they chose me—I'm just humbled.

"Instead of feeling that I have accomplished

something, I feel like there's still a lot more to do."

Blair tells a story to illustrate his point.

"About six years ago, when the local health clinics were formed, there were about 5,000 seasonal workers in Duplin County. I worked two nights a week at the clinic.

"One night, Maria, a 15-year-old Mexican girl, came to the clinic with an infected laryngostomy. When she was 5 she had fallen and cut her throat on a piece of glass. It had never closed up.

"I got the infection straightened out and asked the people in the clinic to get her an appointment to get her throat fixed. But they said they couldn't because she was a migrant worker and had no money. She'd probably be sent back to Mexico if they tried to get it paid for.

"I was really upset. So I called a friend of mine who's my 'spiritual mentor' and asked him, 'Where's the church?' He said, 'Seaborn, you're the church.'

"I realized he was right, and I called some doctors in Goldsboro and explained the situation to them. And we got it fixed."

In this day of medical specialty and subspecialty, of air ambulances and organ transplantation, it often seems like medicine has come a long way since the time of the country doctor. But spend a day with Blair on the front line of medicine where he sees and treats a little of everything and you'll realize that maybe things haven't changed so much after all.

In the early 1980s, Blair and his wife, Elizabeth, attended East Carolina University where they earned master's degrees in medical sociology and guidance counseling, respectively. Blair said he returned to school to learn more about the issues affecting health care today and to better understand how lifestyles and living conditions affect his patients' health.

In his master's thesis, Blair describes changes in his practice over the years.

"Home visits were a big part of my early practice," Blair wrote. "They were time consuming, came at all hours of the day and night and were always necessary to the person requesting the visit because it was an emergency. They were educational for me for several reasons.

"First, I visited in patients' homes, observed their homes and met others in the family. Second, I learned all the roads from 20 miles west, 20 miles east, 10 miles south and 12 miles north of Wallace, for I made home visits in that area...Third, I learned to be innovative in patient care by using medicines that were available, using folk techniques and remedies and giving patient-centered care. I also learned the benefit of touching in healing. I was making five to 10 home visits a day...and three to five home deliveries a month."

Photo by Chris Seward, courtesy of The News and Observer

James Seaborn Blair Jr., M.D., in downtown Wallace, NC.

Today, "in rural areas," Blair said, "the general lack of physicians, especially the shortage of family physicians, lack of transportation and the high cost of medical care still affect access to medical care.

"Poor people with Medicaid and the better off people with insurance do fine. But there's a big gap of people in between.

"Duplin County is a poor county," Blair said in his thesis. Throughout his years in private practice, he said, "there were many patients who were not charged or were given a reduced fee for my services. The decision about fees for individual patients was mine, for I knew a person's financial circumstances. There is no way to quantify accurately the charitable work I did, but approximately 25 percent paid nothing.

"My grandfather told me years before, 'Don't ever give anyone something for nothing; allow them to have some way to pay. If you make someone obliged to you, you risk making an enemy.' I always tried to tell patients what my fee was, and if I knew they could not pay, I would tell them they did not have to pay then, but they could do something for me later. I received many gifts of turkeys, hams, vegetables, preserves, fruit and even homemade soap."

In addition to poor access to medical care, other major health problems Blair sees in rural communities are high infant mortality, drugs and the threat of AIDS.

Education, Blair said, may be the cure for many of the these problems.

"When I talk to kindergarten classes, I talk about the importance of getting plenty of sleep, plenty of exercise and eating three good meals a day—just like my mama taught me. But we're not teaching these things anymore.

"The physician's role in dealing with these problems is to be more involved in the community and in the schools. I tell young doctors to take a leadership role in the community. If they're involved in a civic organization, speak out about problems they see."

The biggest challenges for the rural physician, Blair said, are keeping up-to-date on medical information and the lack of contact with other physicans. "I drove three hours last night for a meeting with doctors. Just to be with my peers," Blair said.

"Every physician will be exposed to situations that are overwhelming," Blair said. "So it's pertinent to the physician in rural areas to realize how important his (or her) spouse is, because this is the person he (or she) will turn to. Elizabeth has always meant more to me than just a homemaker. I couldn't be the person I am without her."

As a parting note, Blair offers words of support for medical students and young physicians.

"Medicine is the greatest calling a person can have. I'm happy for them, because I don't think there's anything more fulfilling—but it's all-consuming, too."

Thinking About Ethical Decisions in a Medical Center

Editor's Note: *In this issue, the* Bulletin *examines questions of ethics in medicine from several perspectives. Articles on this page through page 10 look at mechanisms for dealing with ethical questions in hospitals, teaching ethics in the medical school, and ethics and professionalism.*

By Seymour Halleck, M.D.
Professor of Psychiatry and
Chair, Bioethics Committee

How can a hospital determine who should receive transplants of donor organs in short supply?

What is the physician's responsibility to partners of an HIV-positive patient who is sexually active?

What should be done with fertilized, frozen embryos?

Should aborted fetal tissue be used for research or treatment purposes?

Should financial considerations ever influence the quality or standard of care?

When is a patient incompetent to refuse treatment?

What should be done with women who abuse drugs such as crack cocaine while pregnant?

Are there adverse consequences to pharmaceutical houses supporting research on their own products, or providing various services for physicians?

All of these questions and many more have been discussed by the bioethics committee of UNC Hospitals since its inception two and a half years ago. The need for the committee was created by scientific and social changes, which have expanded the number of ethical conflicts medical personnel encounter in daily practice. New technological developments have broadened the range of choices physicians and patients consider in making decisions on issues involving procreation and death.

At the same time, advances in medicine have prolonged life and escalated the costs of medical care to an extent that our society must now seriously consider how care can be limited. An expanded societal interest in the regulation of medical practice has also created new legal sanctions which at times create ethical conflict for the physician.

In the current climate of medical practice, it is not always immediately clear to physicians which medical actions are right or good, and which are not. Increasingly, values such as beneficence, autonomy, utilitarianism or justice may conflict with one another, and the physician must struggle to determine which principles of virtue should take precedence.

Bioethics committees are created to assist physicians and other medical personnel in thinking about and making critical ethical decisions. Typically, they are made up of representatives of medical specialties, and one or more representatives of nursing, philosophy, theology and law. A representative of the housestaff is usually appointed, as well as a distinguished and concerned citizen. Hospitals and medical school administrators are ex officio members.

The UNC Hospitals committee follows this pattern. A membership list accompanies this article. We are very fortunate in having a group of experienced and distinguished people available who have enthusiastically agreed to serve.

Increasingly, values such as beneficence, autonomy, utilitarianism or justice may conflict with one another.

The primary purpose of an ethics committee is to expand the awareness of clinicians and other medical personnel as to the existence of ethical conflicts and to provide them with guidance in trying to resolve them. This educative function leaves ultimate decision making in the hands of the physician. Often, of course, the physician will ask for advice as to what should be done in a particularly urgent and difficult situation.

While the committee may provide such advice, it is not ordinarily empowered to

Halleck

mandate that its preferences be followed. In fact, most ethics committees view their functions as primarily educative and advisory.

A few ethics committees also become involved in helping create hospital policy regarding such issues as organ transplants, relationships to pharmaceutical houses, or developing hospital procedural policies regarding care of the terminally ill. Again, this is primarily an advisory function.

The UNC Hospitals Bioethics Committee has been in existence for only two and a half years and has approached its educative and advisory functions deliberately and carefully. The group meets monthly for an hour and a half at 7 a.m. on the third Wednesday of each month. Our major efforts thus far have been directed toward educating ourselves.

We have tried to do this in two ways: first, by discussing clinical material and learning from one another by sharing our various levels of expertise. Second, we have all become students again and have assigned ourselves readings which are discussed in detail at the regular meetings.

The results of this self-education process have been to create a committee which, while still quite diverse in value systems and viewpoints, has a common basis for thinking about and discussing ethical issues. We have learned to expand the number of variables we think about in considering an ethical issue, and in this way believe we have added to those aspects of our common sense and technical skills upon which we have previously relied.

We have also brought many visitors to the committee meetings to educate us directly about some of the areas in which they have had unique experience in dealing with ethical conflict, or to present us with clinical ethical problems. The discussions of clinical material are always spirited and are characterized by an articulation of many viewpoints. Usually consensus is reached but this is not always the case.

Through this process the committee has gradually evolved from self-education to creating a mechanism for sharing what we have learned with other clinicians. The committee feels ready to deal with immediate ethical problems and has already been asked to discuss a number of them.

As our activities and our presence become more familiar to housestaff and faculty, it is anticipated that requests for consultation will increase. In the meantime, other educative functions of the committee have become more formalized. We have sponsored an outside speaker, are planning an annual ethics conference and are sponsoring a monthly hospital-wide ethics conference in which clinical cases are discussed. These monthly conferences are especially important since they are open to all faculty and hospital staff, and deal with issues that are common to most of the specialty areas of medicine.

Dealing with the ethical problems of modern medical practice constitutes one more burden or challenge for the modern practitioner. Viewed as a burden the need for ethical decision making will not go away but will, rather, increase.

Learning to think about ethical issues in a systematic manner, however, can make the challenging aspects of decision making more intellectually as well as emotionally rewarding.

Bioethics Committee Membership

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Department of Nursing

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To Do No Harm

Hippocratic Oath Easier Said Than Done

"...I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone... If I keep this oath faithfully, may I enjoy my life and practice my art, respected by all men and in all times; but if I swerve from it or violate it, may the reverse be my lot."— early version of Hippocratic oath

By Kathleen A. McMorrow

In medicine, ethics is fundamentally a practical discipline, not a philosophical one. Physicians confront ethical dilemmas nearly every day and often must resolve ethical questions quickly, without leisurely contemplation. Lay people may be familiar with some of the headline-grabbing issues: abortion, the right to die, test-tube genetics. But more common are the day-to-day issues that arise frequently in doctor-patient encounters: informed consent, patients' rights, rationing of health care. Physicians must balance competing principles while remaining true to their oath: to preserve life and do no harm.

Ethics are integral to medical school curricula. Some people say ethics cannot really be taught, that students who have not acquired a code of ethics by the time they reach medical school never will. Larry Churchill, Ph.D., chair of the Department of Social Medicine who holds a doctorate in religious studies, says this "early imprint" theory is simplistic. "People do change and sometimes quite profoundly," he says. But he agrees, "you can't really teach ethics, if by that you mean telling (students) what's right and wrong. That's conversion, proselytization essentially."

But students do not enter medical school as ethical tabula rasas. "To be human means that you have moral concerns," Churchill says. "People make ethical decisions all the time, sometimes self-critically but often just intuitively, reflecting influences of family, peers, churches and society at large." Ethical development also involves the "understanding that there are multiple frameworks," he says. "We don't think alike and hold the same values; we're culturally and socially pluralistic." Physicians must know how to adjudicate the inevitable conflicts arising from this pluralism.

The medical faculty teaches ethics from several angles and helps students appreciate the strengths and differences of each method. "We try to discuss the resources students can use for ethical thinking and problem-solving," he says. "That includes introduction to the traditions and history of ethics in medicine—the Hippocratic oath, the Nuremburg code, the American Medical Association articulations of principles and so on. We also introduce them to 'famous dead philosophers,' like Kant and Mill. These are very powerful and useful traditions—in ethics we're never really starting over."

Students already have such skills as basic logical reasoning at their disposal. "Part of (handling ethical concerns) is appreciating the tool box you come equipped with," Churchill notes. "What's in it? What would you like to have for the tasks you will confront as a clinician?" Most students welcome the chance to contemplate ethical issues. "What we do requires them to think in a different key—for many it's an invigorating change of pace from biochemistry or gross anatomy," he says.

Photo by Will Owens

Churchill

Tools acquired in medical school will be used throughout a physician's career. Each medical advance seems to add new twists to ongoing ethical questions. At UNC, researchers approach these issues from many perspectives; some tackle them via empirical studies, while others lean toward a more philosophical bent. As Churchill puts it, ethics "is not a simple discipline. It has lots of edges and textures to it."

Marion Danis, M.D., assistant professor

of medicine, has been studying how patients want to be treated toward the end of life. In a recent *Journal of the American Medical Association* article, Danis and co-investigators Donald Patrick, Ph.D., and Leslie Southerland, M.P.H., reported findings about the attitudes of patients who had been in intensive care units. They interviewed 160 elderly, chronically ill patients, or their families if the patients had died, to find out how a patient's prognosis and perceptions about quality of life might influence his or her wishes for intensive care in the future. To learn how prognosis affected their preferences, Danis asked patients how willing they would be to re-enter the ICU to extend their life, in their present state of health, for various time periods, ranging from one month to 10 years. Interviewees were also asked about their willingness to undergo intensive care in order to live in perfect health for comparable time periods. By comparing patients' preferences for intensive care under actual and ideal life circumstances, investigators could ascertain the importance of quality of life in the patients' treatment choices.

"One of the key issues," Danis says, "is how we decide to use life-sustaining treatments. Ethical guidelines suggest we should maximize individual autonomy—patients should base their choice on their own feelings about the quality of their life." But she adds, "There's been no examination to date of the relationship between an individual's perception of the quality of life and ability to function." Her research attempts to quantify this relationship.

To her surprise, Danis found 70 percent of those in the study were willing to undergo intensive care, even to gain only one more month of life. Life expectancy, illness severity or ICU costs did not alter this willingness. While functional status and quality of life factored into the patients' decisions, patients and their families generally wanted all available means used to prolong life, even if only for a short time.

Danis and her colleagues wondered if this data could be extrapolated to other chronically ill people who were at risk for life-threatening events but who had not yet experienced them. So they designed a prospective study with the help of C. Glenn Pickard Jr., M.D., professor of medicine, to determine if the wishes people expressed in advance of a life-threatening event changed once the event actually happened.

Since physicians cannot always judge a patient's quality of life based on his or her functional status, nor always ask patients what they want, "it's all the more important to have an effective advance directive," Danis says. "Yet, no one has ever looked at how well they work in any systematic way, how likely they are to lead to care that's consistent with the wishes people expressed."

Researchers interviewed patients at a local convalescent center during a two-year period (or their families if the patient was incompetent) about their preferences for such life-sustaining treatments as surgery, cardiopulmonary resuscitation and hospitalization, and then created an advance directive (commonly known as a living will) for each patient. "We placed the advance directive in their charts and observed these patients for outcome events—hospitalization or death in the nursing home," Danis explains. After the event, investigators talked to the attending physician and reviewed charts to see if care given was consistent with advance directives.

Physicians may legitimately disregard an advance directive if other principles override it, Pickard says. For example, even if a living will forbids surgery, refusing to surgically treat a gangrenous leg "would be cruel," he says. "We all should err on the side of treating first. Life is a higher order than death."

> **"We don't think alike and hold the same values; we're culturally and socially pluralistic."**
>
> Larry Churchill

Danis is still analyzing data from the second study, but if it parallels the earlier study, it "poses a very thorny dilemma," she says. "It may be that we need to readjust our expectations about the kind of care that's appropriate at the end of life. We need to bring decision making at the individual level more into focus with the decision making we do on a societal level. They're really quite disjointed now. The physician traditionally has been advised to ignore cost issues, to act as the patient's advocate. At the same time, the physician's decisions are the major determinant of health care costs. We need to put the individual decisions in the larger picture and resolve that dilemma. The work we've done points out how problematic the dilemma is."

Sometimes medical advances give rise to truly novel ethical situations. In such cases, physicians can look to "some of the older wisdom to make sense of them," Churchill says. "Learning how other people have gone about the process and adapting an approach that makes sense for you requires a lot of discussion."

Photo by Rick Beckman

Danis

Some ethical issues are relatively mundane, Churchill says, but still important. For example, he says the consumer movement pushed medicine across "a fundamental threshold that says patients should have the right to choose what they want done to and for them. Patients have to think about the options involved, what they want and what is compatible with their life." Patients expect to take part in decisions, and doctors are obliged to guide patients in those decisions.

In the age of "patient as consumer," physicians have abandoned the elitist role they enjoyed decades ago. But Churchill says they still subscribe to a higher code of ethics, and rightfully so.

"Having a distinctive code of ethics is one of the most important things that makes medicine a profession," he explains. "Without that it's simply services for sale or technical capacities in search of an agenda."

Churchill and others agree there are few absolutes in the professional code, nor should it be debated solely by those within the profession. "The profession is in good health when there is a lively debate and exchange—within medicine itself and with the larger society—not when we reach a stasis and say, 'This is it'. We'll never get all the tensions out," Churchill says.

"The idea is to keep the conversation going."

(Adapted with permission from *Endeavors: Research and Graduate Education at The University of North Carolina at Chapel Hill.*)

Kass Addresses Ethical Concerns in Eighth Spicer-Breckenridge Lecture

"Is the profession of medicine ethically neutral? If so, (from where) shall we derive the moral norms or principles to govern its practices? If not, how are the norms of professional conduct related to the rest of what makes medicine a profession?"

Those were questions posed by noted scholar and writer Leon R. Kass, M.D., Ph.D., in his address "Neither for Love Nor Money: Why Doctors Must Not Kill," at the eighth annual Spicer-Breckenridge Memorial Lecture held in March. Kass is a professor at the College and a member of the Committee on Social Thought at the University of Chicago. He specializes in ethical issues, including death and in vitro fertilization.

While addressing the broad question of ethics in medicine, Kass told his audience of about 150 medical staff, faculty and students that "active euthanasia practiced by physicians...is a bad idea whose time must not come—not now, not ever."

Kass said that two contemporary ethical approaches are used by proponents to justify physican assistance in euthanasia. One school of thought says that each person has a right to control his or her own body, in life and death, and, therefore, implies no moral decisions to be made by the doctor. The doctor is simply carrying out the wishes of the patient. The second school of thought, Kass said, proposes that euthanasia is moral only when used under the guidance of general benevolence or compassion.

"In my opinion," Kass said, "each of these approaches should be rejected as a basis for medical ethics. For one thing, neither can make sense of some specific duties and restraints long thought absolutely inviolate under the traditional medical ethic, for example, the proscription against having sex with patients.

"Must we now say that sex with patients is permissible if the patient wants it and the price is right, or alternatively, if the doctor is gentle, loving and has a good bedside manner? Or do we glimpse in this absolute prohibition a deeper understanding of the medical vocation, which the prohibition both embodies and protects?"

Kass said the medical profession has its own intrinsic ethic that a physician true to his or her calling will not violate, "neither for love nor money." He added that medicine can set an example for society by learning that "finitude is no disgrace and that human wholeness can be cared for to the very end."

The Spicer-Breckenridge Memorial Lecture was established in 1983 to honor Captain Emmet Spicer, surgeon of the 462nd Parachute Field Artillery Battalion, and Lieutenant Arnold Breckenridge, a surgeon in the U.S. Navy. Both men, who were members of the UNC School of Medicine Class of 1939, died in World War II.

Photo by Dan Crawford

Kass

Excellence in Medicine— The Role of Research in Medical Education

Editor's Note: *The accompanying article is adapted from the annual Alpha Omega Alpha Lecture, presented this year by Harold C. Pillsbury III, M.D., professor and chief of otolaryngology/head and neck surgery. AOA is a medical student honorary society.*

By Harold C. Pillsbury III, M.D.

As I reviewed the ballot for membership in Alpha Omega Alpha this year, there were several characteristics of those students in the upper 25 percent of the class which I found interesting and notable. Many of the students in this group were involved in extracurricular activities, demonstrating a social consciousness toward service, which is refreshing. In addition, and in my opinion equally notable, was the propensity of students in this group to be involved in research. I wondered as I perused their credentials what leads students to do research in the academic arena, and in fact, what happens to those who pursue research while they're here?

Certainly, there are many routes to excellence in medicine. Conventional wisdom would indicate that the most certain route would be the development of academic prowess and a secure place in the top 5 percent of the class. Unfortunately, only 5 percent of our medical students can accomplish this feat, and these aren't universally admitted to this society. In addition, I would hope that more than 5 percent would aspire to be outstanding. In fact, I am gratified to see that so many students at UNC have engaged in research during their summers between the first and second, as well as the second and third, years and throughout the school year when time permits.

Why am I so impressed with students who do research? I would submit that students who do research necessarily relinquish a possibly lucrative opportunity for summer employment to engage in an activity from which they reap no guaranteed benefit. The expenditure of one's time in pursuit of an answer to a research question constitutes a gamble. As with any gamble, we try to stack the odds in our favor before laying down our chips; but many times, the pursuit of something really outstanding constitutes a great risk because it, by definition, involves the exploration of uncharted territory.

The Research Day participants produced nearly twice as many articles as the AOA non-research students.

As an academician, I can guarantee you that we have tremendous respect for students who, in addition to demonstrating some level of brilliance, choose to take a gamble and devote time to research. Without students willing to do this, we will have physicians who not only don't understand research, but neither can they tell the difference between reality and fiction when reading a scientific publication. They will listen more to pharmaceutical representatives than follow their own observation based on the literature. They also tend to follow the lead of popular individuals in their specialties without examining why these individuals come to a new conclusion regarding a treatment plan or a new technology.

I have observed during my academic career that the brilliant student often has a hard time adjusting to the reality of a medical career because much of what we do concerning patient care and academic excellence either involves diligence in research or perseverance of responsibility in patient care. The brilliant student has a false sense of security in this pursuit, having performed well in examinations throughout his education. On the other hand, the student who understands research techniques, who has performed research, and who perceives that the pursuit of a history is going to be every bit as essential to patient care as a thorough knowledge of the literature, becomes the great physician.

To this end, I did a bit of research on a cross-section of students presenting at our Student Research Day against those who were inducted into this organization over the past 22 years. I was especially interested in what these individuals did after they left medical school, and, therefore, did a literature search on each of them up to the present. What follows is a description of my findings.

Briefly, there were 31 AOA students in the

Research Society and only two failed to contribute to the medical literature after graduation. For the remaining 29, there were 512 publications in refereed journals. Lest one think that most of these were produced by a few of these 29 individuals, let me assure you that is not the case. I would add that when comparing students who presented at Student Research Day and were not inducted into this society, to those who were inducted here over the last 22 years and did no research, the Research Day participants were overwhelmingly better represented in the medical literature after graduation than those who never found their way to the laboratory during their tenure here.

In fact, based on a comprehensive analysis of former students between 1968-1990, the Research Day participants produced nearly twice as many articles as the AOA non-research students.

I did a considerable amount of reading on the subject of the *alleged* dwindling interest of medical students in research, and found a disturbing article in the November 1988 JAMA alluding to the necessity for an M.D.-Ph.D. degree to do meaningful research. Of our 29 students, only three had a Ph.D. degree and two of them fell below the mean for contributions to literature. I don't really understand where ideas like this come from, but they certainly do nothing to encourage faculty or students to pursue research. I might add that we are in a renaissance period of student research here at UNC.

Some of the brightest researchers and best teachers in our school cut their academic teeth as medical students in the laboratory.

In an effort to study the effect of research on medical students from this school who happen to have been inducted into this society prior to the inception of Student Research Day, I probed the archives of our library back to 1954 when this AOA chapter was chartered.

The accompanying gallery can take you back in time, introduce you to select members of our faculty in their student days and show you some of the research they did at that time.

As you can see, some of the brightest researchers and best teachers in our school cut their academic teeth as medical students in the laboratory.

Several years ago, a student asked me what I considered to be the most significant determinants for success in residents. I replied that an excellent academic record, blended with a background of social consciousness and research, was the ideal recipe. He seemed puzzled, and asked me if being inducted into this society was more significant. My reply to him was that while this moment is precious to all of you who are being inducted today, it represents a milestone based on accomplishment.

The real measure of your worth will be in how you use this key to unlock the vexing basic and clinical questions leading to better medical care for your patients and mine. You will be given superior opportunities to do so. Medical education often develops a sense of responsibility for patient care in students at the expense of self confidence. Acceptance in this honor society is a potent confirmation of your value to the field.

I would encourage you not to bury your 14-karat key in the dresser drawer, but to invest it like those students and physicians I just described, who, in my opinion, have contributed a great deal. I stress that there is a significant difference between a contribution and an accomplishment.

We are in need of leaders in medicine and I am certain that you represent some of the best candidates for these positions. You have already demonstrated your power to overcome mediocrity. I encourage you to continue this pursuit as you embark upon your chosen profession.

Gallery

Selected members of the faculty, then and now, with research citations from student days.

Benson Reid Wilcox, M.D.— Wilcox BR, Roberts WC, Carney EK. The effect of reduced atmospheric oxygen concentration on closure of the ductus arteriosus in the dog. J Surg. Res. 2:312, 1962. Now, Dr. Wilcox is professor, Department of Surgery, and chief, Division of Cardiothoracic Surgery. He is also Chairman of the American Board of Thoracic Surgery.

Gerald W. Fernald, M.D.—Czaky TZ, Fernald GW. Absorption of 3-methylglucose from the intestine of the frog, Rana pipiens. Amer J Physiol 195:445-448, 1960. Czaky TZ, Hartzog HG, Fernald GW. Effect of digitalis on acute intestinal sugar transport. Amer J. Physiol 200:459-460, 1961. Czaky TZ., Fernald GW. Localization of the "sugar pump" in the intestinal epithelium. Nature 191:709-710, 1961. Dr. Fernald is curently professor and associate chair, Department of Pediatrics, and director, Cystic Fibrosis Center.

Carl Glenn Pickard Jr., M.D.—Pickard CG, Parker JC, Peters RM, Barnett TB. Carbon dioxide and the work of breathing. J Clin Invest. 42:1362, 1963. Dr. Pickard is professor, Medicine and Social Medicine, and director, Medical Clinics.

William Paul Biggers, M.D.— Peacock EE, Biggers WP. Changes in plasma proteins of mice during rejection of skin homografts and heterografts. Proceedings of the Society for Experimental Biology and Medicine. 1962; 3:131-133. Biggers WP, Peacock EE. Measurements and significance of heat-labile and urea-sensitive cross linking mechanisms in collagen of healing wounds. Surgery 1963; 1:144. Biggers WP, Peacock EE. Use of tanned collagen sponges in the treatment of liver injuries. Ann Surg 1965; 2:238-247. Dr. Biggers is Joseph Palmer Riddle Distinguished Professor of Surgery, Division of Otolaryngology/Head and Neck Surgery.

Harvey J. Hamrick, M.D.—McMillan CW, Hamrick HJ, Cohen ML, et al. Bone marrow hypoplasia. J Pediatr 72:433, 1968. Now, Dr. Hamrick is professor, Department of Pediatrics and director, Pediatric Acute Care Clinic, Pediatric Residency Training Program.

Harold Ross Roberts, M.D.—Penick GD, Taylor CB, Huffines WD, Roberts HR, Wilson SG, Jr., and Brinkhous KM. Comparative study of responses of normal and hemophilic dogs to local cold injury. Project No. 21-1202-0001. Report NO. 6, USAF School of Aviation Medicine, December, 1953. Roberts HR and Astrup T. Content of tissue activator of plasminogen in monkey tissues. Thromb. Diath. Haemorh. 1:376-379, 1957. Dr. Roberts is Sarah Graham Kenan Professor of Medicine and Pathology, chief of the Division of Hematology, and director, Center for Thrombosis and Hemostasis.

Robert DeVane Croom III, M.D.— Croom RD, III. What to expect in the medical curriculum. The Scalpel of Alpha Epsilon Delta. 34:103-105, 1964. Dr. Croom is professor, Department of Surgery, Division of General Surgery, and associate director, Surgical Residency Program.

FAX—Lighting the Way For Student-Run Medical Journals

By Jon Ross

"Scientific discovery is not a monopoly of the fully matured investigator. It is not unusual for a student to present interesting and promising ideas....It is never too soon to be alert and to question all rules as well as all exceptions."
—David Seegal, M.D., and Beatrice C. Seegal, M.D., from remarks delivered at the opening exercises of the Long Island College of Medicine, September 19, 1949

The Seegals' teaching and clinical endeavors provided leadership for generations of doctors-in-training at Long Island and Columbia medical schools respectively. But little could they have known that someday medical students would publish their own medical journal as a testament to the pursuit of research.

And then came *FAX*.

Its fifth annual edition recently published, *FAX*, the medical school's student-run journal, has grown from a fledgling volume into a thriving registry of student inquiry and research.

Begun in 1985-86 by a medical student frustrated with the lack of avenues through which students could present research, *FAX* (in Latin it means "torch" or "something that lights the way") has come full circle. Viewed then by many as an idealistic endeavor, it is now "well received and respected by other students and faculty," said Gregg Suits, one of three 1990 editors.

FAX has grown from a fledgling volume into a thriving registry of student inquiry and research.

Believed to be the only totally student-run medical journal in the United States, *FAX* is taken very seriously—by the students whose work it showcases, by the faculty members who take pride in student achievement and, no doubt, by the *FAX* editors and staff.

"We know a lot of people read *FAX*, and we're aware of that audience," said another editor, Rob Noecker. "In a way, we're a main link between the student body and the faculty. We're careful about what we say and the impression we make to the outside world."

"We have a reputation for putting out a quality journal," said Bob Cook, the third editor. "Our prime concern is to make sure that everything that goes into it is good. Science and original research are what we really want to show off."

Though the journal is totally student-produced, it does rely on a faculty advisor, John C. Parker, M.D., professor of medicine, for counsel. "What they're doing is unique to begin with, but the quality is also one-of-a-kind," he said. "They appreciate the special opportunity they have to do something good and important."

Suits, Noecker and Cook spent much of their school year putting together the 1990 edition of *FAX*. (Suits and Noecker received their medical degrees this spring; Cook has one more year before he completes a joint program in medicine and public health.) Working with a staff of about 15, the editors achieved their goal to double the content of the 1990 issue.

The expanded 1990 issue includes an editorial, a study on time allocation of third-year UNC medical students, four hard science articles, three epidemiology/population studies, two articles about international medical issues, clinical case studies, Student Research Day abstracts, all researched, prepared and edited by UNC medical students. Also contained in this issue was a *FAX* first, a letter to the editor.

FAX is not modeled after a particular medical journal, though it does function like a professional journal. Each article submitted for publication must stand up to a peer review of editing, reviewing and fact checking. The entire staff must agree on an editorial topic and endorse the final version; this year's editorial, Cook said, was truly a group effort, because every staff member contributed to the final draft.

The editorial is perhaps the most important product of the editors' year-long work. This year, it addressed medical education, discussing the history of medical school curricula and recommending the inclusion of more "problem-based" learning. The editors recommended changes in the curriculum, advocating that the medical school integrate clinical experiences into the preclinical

years, and more basic science into the clinical experience."

"I think a lot of people will read this editorial," Cook said. "It's one of the most important things I've ever written."

Because the journal is, as Noecker says, "by students, for students," it serves as a student voice on issues pertinent to the medical school experience. "*FAX* is a forum to discuss medical issues with your peers," said Suits.

The editors say they have the autonomy to editorialize about issues they feel *FAX* should address. "As long as it's intelligent and well thought out, I think we could say anything we want without fear that people will question our integrity," said Cook.

FAX receives its funds (about $8,500, almost all going for printing 1,700 copies) from the Dean's Office, and the editors appreciate the moral and financial backing they receive from Dean Stuart Bondurant, who supported the venture from its outset.

> "*FAX* was the most gratifying aspect of my medical school career."
>
> Sarah Klemmer

Those involved with *FAX* share a bond of dedication. Typically, students who join *FAX* early on in medical school stay on staff until graduation. The dynamic nature of the staff's weekly meetings contributes to a sense of belonging, said Cook, whose *FAX* involvement goes back to his first year of medical school.

"I left my first meeting feeling important, like my opinions could be incorporated into the journal. I left feeling equal to the third- and fourth-year students who were the editors."

Sarah Klemmer, M.D. '89, editor of last year's journal, agreed. "At the first editorial board meeting I met the most interesting, committed group of people...*FAX* was the most gratifying aspect of my medical school career."

"Along with the discovery of new knowledge through research, the articulation and presentation of new ideas through publication is scholarship of the highest order," said Bondurant.

"In *FAX* our students show their serious professional commitment to master and improve upon our capacity to provide the very best health care. Publishing *FAX* is one of the best educational experiences for our students, and their work on *FAX* makes a real difference to the school."

As *FAX* completes its fifth year, the editors are comfortable that they have helped protect and further the journal's legacy. In years to come other editors will have to decide how large *FAX* will become and whether it will accept articles submitted by students from other medical schools.

For now, though, the staff is content with the product of its arduous work and is confident that *FAX* has lived up to its name.

"*FAX* shows off all the student research that's going on at UNC. It says, 'Look at all the great research going on here!' " Suits said. "People from other medical schools see that and say, 'Wow, look at the stuff students are doing there!' "

Photo by Dan Crawford

FAX *editors Gregg Suits, Rob Noecker and Bob Cook review the final draft of the 1990 edition of the UNC student-run journal.*

1990 Match Day Results

Nervous smiles, friendly ribbing and echoes of "where are you going?" filled the fourth floor Clinic Auditorium, as fourth-year medical students found out where they'll be spending the next few years of their lives.

With about 20 professors and student affairs staff standing by, 143 students who partipated in the National Residency Match Program were handed portentous envelopes.

Seventy-six percent of those who participated were placed among their first three choices for residency positions. Fifty-three percent were matched with their first choice. Of the 43 students who are remaining in North Carolina to continue their graduate medical education, 22 will enter programs at UNC Hospitals.

Match Day 1990 results follow:

ALABAMA
Birmingham: University of Alabama Hospital
Rupa Vinod Desai (Obstetrics/Gynecology)
Russell David Hall (Internal Medicine)
Philip Carlyle Lackey (Internal Medicine)
Henry Postlethwait Robson III (General Surgery)
Ronald Gray Rogers (General Surgery)

ARIZONA
Tucson: University of Arizona Affiliated Hospitals
Gary Steven Gartner (Pediatrics)

ARKANSAS
Little Rock: University of Arkansas for Medical Science
Joy Lynne Wilson (Pediatrics)

CALIFORNIA
Oakland: Kaiser Permanente Medical Center
Thomas William Downs (Obstetrics/Gynecology)
Los Angeles: University of California Medical Center
Dianne Carol Duffey (Otolaryngology)

Photo by Jay Mangum

Dean Bondurant congratulates Teresa Anderson, who will be going to a residency in pediatrics at Johns Hopkins Hospital in Baltimore.

Los Angeles: Children's Hospital
Ami Jayant Shah (Pediatrics)
Modesto: Scenic General Hospital
Jay Robert Litchfield (Family Practice)
San Franciso: Letterman Army Medical Center
John Thomas Atkins III (Medicine-Preliminary)
San Francisco: Kaiser Permanente Medical Center
Terri Wood Cummings (Pediatrics)

COLORADO
Denver: Mercy Medical Center
Nancy Lynn Stoudt (Family Practice)

DELAWARE
Newark: Medical Center of Delaware
Lynda Lorraine Basnight (Family Practice)

DISTRICT OF COLUMBIA
Washington: George Washington University Hospital
Zana Lynn Handy (Internal Medicine)
Gary Blaine Loden (Surgery-Preliminary)
Adam Spach Wilson (Surgery-Preliminary)
Humayun Ismail Zeya (Medicine-Preliminary)

FLORIDA
Gainesville: University of Florida Medical Center
Shelley Janeece Chapman (Obstetrics/Gynecology)
Orlando: Orlando Regional Medical Center
Knut Kverneland Jr. (Internal Medicine)
Tampa: University of South Florida College of Medicine
Benita Faye Banks (Urology)

GEORGIA
Atlanta: Emory University School of Medicine
Leroy Karl Hubbert (Obstetrics/Gynecology)
Sissel Kay Topple (Surgery-Preliminary)
Tonja Michelle Wynn (Pediatrics)
Augusta: Medical College of Georgia
Edwin Hughes Scott (Family Practice)

HAWAII
Honolulu: University of Hawaii
Deborah Hazel Moore (Pediatrics)

IDAHO
Boise: Family Practice Residency of Idaho
Daniel Jack Meulenberg (Family Practice)

ILLINOIS
Chicago: University of Chicago Hospitals
Judith Morin Gurley (General Surgery)

INDIANA
Indianapolis: Indiana University Medical Center
Stanley Gayle Alexander (Radiology-Diagnostic)

LOUISIANA
New Orleans: Louisiana State University Affiliated Hospital
Penelope Celeste Treece (General Surgery)

MAINE
Portland: Maine Medical Center
Gregory Dean Randolph (Pediatrics)

MARYLAND
Baltimore: The Johns Hopkins Hospital
Teresa Trogdon Anderson (Pediatrics)
Baltimore: University of Maryland Medical System
Vanessa Ann Fenner (Medicine-Preliminary)

MASSACHUSETTS
Boston: University Hospital
Patricia Anne Koury (Medicine-Preliminary)
Boston: Beth Israel Hospital
John Gardiner Roddey Jr. (Internal Medicine)
Cambridge: Cambridge Hospital
Douglas Gordon Ririe (Transitional)
Thomas Scott Stroup (Transitional)
Worcester: University of Massachusetts Coordinated Program
Scott Michael Cochrane (Pediatrics)

MINNESOTA
Minneapolis: University of Minnesota Hospital & Clinic
Virginia White Brighton (General Surgery)

MISSISSIPPI
Biloxi: Keesler Air Force Base
Brian Charles Brost (Obstetrics/Gynecology)

MISSOURI
St. Louis: Barnes Hospital
John Eldridge Barkley (Internal Medicine)
Jacqueline Francoise Bromberg (Internal Medicine)
Martin McMillan Henegar (Surgery-Preliminary)
St. Louis: St. Louis Children's Hospital
Edward Ingfei Lee (Pediatrics)

NEW MEXICO
Albuquerque: University of New Mexico School of Medicine
Jon Patrick Donnelly (Pediatrics)

NEW YORK
Bronx: Montefiore Medical Center
Marcus George Plescia (Family Practice)
Jennifer Lynn Ringstad (Family Practice)
Cooperstown: Mary Imogene Bassett
Anne Marie Traynor (Internal Medicine)
New York: Presbyterian Hospital
Mary Isom Fatehi (Obstetrics/Gynecology)
Valhalla: New York Medical College
Robert Gary Berkenblit (Medicine-Preliminary)

NORTH CAROLINA
Asheville: Mountain Area Health Education Center
Wendy Kathryn Coin (Family Practice)
Margaret Rose Pressly (Family Practice)
Chapel Hill: University of North Carolina Hospitals
Amina Ahmed (Pediatrics)
Michelle Irene Amaya (Pediatrics)
Nicolette Susan Balister (Medicine-Preliminary)
Laurie Owen Beitz (Pediatrics)
Elizabeth Anne Bell (Anesthesiology)
Marian Isbey Butterfield (Psychiatry)
Catherine Givens Craver (Medicine-Preliminary)
Julia Lynn Danek (Psychiatry)
Kimberley Kristen Fox (Internal Medicine)
Amy Smith Henderson (Pediatrics)
Mark Taylor Hooten (Anesthesiology)
John Henry Krege (Internal Medicine)
Harrison Armistead Latimer (Orthopedic Surgery)
Wanda Kay Nicholson (Obstetrics/Gynecology)
Babatunde Adewale Olatidoye (Pathology)
Todd Gene Owsley (Surgery-Preliminary)
Steven Fleming Parker (Obstetrics/Gynecology)
Crystal Jade Pettiford (Family Practice)
Whitman Lilley Reardon (Internal Medicine)
Pamela Jean Reitnauer (Pediatrics)
Andrew Mark Scharenberg (Pediatrics)
Kelley Elizabeth White (Internal Medicine)
Charlotte: Charlotte Memorial Hospital
David Martin Cook (Family Practice)
Jerry Lee Price (Family Practice)
Maurice Gene Radford Jr. (Internal Medicine)
Colleen Victory (Emergency Medicine)
Durham: Duke University Medical Center
Stacey Neal Ibrahim (Pathology)
Tammy Hall Jenkins (Family Practice)
John Michael Kilby (Internal Medicine)
Steven Jai Novek (Pediatrics)
James Todd Williams (Family Practice)
Greensboro: Moses H. Cone Memorial Hospital
Robert Richard Ehinger (Family Practice)
Andrew Kheng-Ann Lim (Internal Medicine)
Robert John Noecker (Medicine-Preliminary)
Greenville: Pitt County Memorial Hospital
Ronnie Jay Barrier (Family Practice)
Myra Jane Deese (Family Practice)
Rae Lynne Hornsby (Pediatrics)
Eugenia Britt Smith (Emergency Medicine)
Winston-Salem: North Carolina Baptist Hospital
William de Araujo (Orthopedic Surgery)
Keith Evans Griffin (Internal Medicine)
Philip Wade Ponder (Obstetrics/Gynecology)

OHIO
Cincinnati: University of Cincinnati Hospitals
Linda Faye Johnson (General Surgery)
Cleveland: University Hospital of Cleveland
Victor Marcial Caceres (Family Practice)

OREGON
Portland: Oregon Health Sciences University
Barry Thomas DeGregorio (Internal Medicine)
Gregory William Suits (Surgery-Preliminary)

PENNSYLVANIA
Philadelphia: Hospital of the University of Pennsylvania
Edward Michael Cox Jr. (Internal Medicine)
Philadelphia: Thomas Jefferson University
Sabine Kelischek (Obstetrics/Gynecology)
Philadelphia: Graduate Hospital
Lawrence Ross Nycum (General Surgery)
Pittsburgh: Mercy Hospital of Pittsburgh
Thomas Elliot Edwards Jr. (Transitional)

RHODE ISLAND
Providence: Rhode Island Hospital
Cedric Marc Bright (Medicine-Primary)

SOUTH CAROLINA
Charleston: Medical University of South Carolina
Martyn John Cavallo (Anesthesiology)
Phillip Andrew Fullwood (Psychiatry)
Susan Jones Hardesty (Psychiatry)
Christopher Ramon Harmon (Internal Medicine)
Lisa Re Marotto (Medicine-Preliminary)
Mark Edward Marotto (Medicine-Preliminary)
William Bernhard Naso (Surgery-Preliminary)
Columbia: Hall Institute/University of South Carolina
Jeanne Isabelle Dickens (Psychiatry)
Columbia: Richland Memorial Hospital
Dianne Michele Freund (Family Practice)
Tony Jones (Family Practice)
Florence: McLeod Regional Medical Center
Glenn Ray Harris (Family Practice)
Greenville: Greenville Hospital System
Catherine Lambert Cooper (Transitional)

TENNESSEE
Johnson City: East Tennessee State University
Michael Weldy Turner (Family Practice)
Mark Steven Vernon (Medicine-Preliminary)
Nashville: Vanderbilt University Medical Center
Richard Francis Cody Jr. (Surgery-Preliminary)
Jeffrey Richard Daw (Internal Medicine)
William Blake Garside Jr. (Orthopedic Surgery)
Lori Brown Lilley (Internal Medicine)
Craig Wierum (Internal Medicine)

TEXAS
Dallas: University of Texas Southwestern Medical School
Waleed Nabil Irani (Internal Medicine)
Fort Hood: Darnall Army Community Hospital
William Harry Dribben (Emergency Medicine)

Photo by Jay Mangum

Edward Lee shows off a box full of dollars, won after his was the last named called on Match Day 1990.

San Antonio: University of Texas Health Science Center
Mark Woodrow Zimmerman (Obstetrics/Gynecology)

UTAH
Salt Lake City: University of Utah Affiliated Hospitals
Louise Foushee Horney (Internal Medicine)

VERMONT
Burlington: Medical Center Hospital of Vermont
Dominic Arthur Jaeger (Medicine-Primary)

VIRGINIA
Charlottesville: University of Virginia
Anna Peacock Bettendorf (Physical Medicine & Rehabilitation)
Daniel Abraham Landes (Surgery-Preliminary)
Lori Fay Wecker (Pediatrics)
Norfolk: Eastern Virginia Graduate School of Medicine
Rebecca Jane Davison (Family Practice)
Richmond: Medical College of Virginia
Charles James Cummings (Internal Medicine)
John W. C. Entwistle III (General Surgery)
Robert Milton Gay Jr. (Internal Medicine)
Sonia Valita George (Pediatrics)
Clifford Vincent Morris (Internal Medicine)
Roanoke: Roanoke Memorial Hospitals
David Scott Price (Transitional)
John Tracy Roper Jr. (Transitional)
Angela Jean Royster (Transitional)
John Howard Wood (Transitional)

WASHINGTON
Seattle: Providence Family Medical Center
Robert Mark Bernstein (Family Practice)
Betsy Ellen Brown (Family Practice)
Steven James Poirier-McNeill (Family Practice)
Jennifer Page Ziska (Family Practice)
Seattle: Virginia Mason Hospital
Joel Sexton Goodwin II (General Surgery)
Seattle: University of Washington Affiliated Hospitals
Marion Cooper Johnson (General Surgery)
Jennifer Sue Smith (Internal Medicine)
Lianne Marie de Serres (Surgery-Preliminary)

Our apologies...

The Medical Foundation extends its apologies to donors whose names were inadvertently omitted from the donor honor roll published in the last issue of the *Bulletin*. Names omitted included:
Richard A. Boyd, M.D. '56
James A. King
John A. Kirkland, M.D. '50
E. Carwile LeRoy, M.D. '60
John L. McCain, M.D. '50
W. Benson McCutcheon, M.D. '77
Stephen Ray Mitchell, M.D. '77
Aubrey D. Richardson, M.D. '49
Joseph D. Russell, M.D. '69
William G. Sanford, M.D. '46
James H. Spruill Jr., M.D. '67
William B. Wood, M.D. '56

The Foundation deeply regrets these errors of omission and pledges to improve its record systems so that such mistakes don't happen again.

News Briefs

UNC Hospitals Expands Organ Transplantation Program

University of North Carolina Hospitals is set to begin offering liver transplants as early as this summer to both adult and pediatric patients, according to Stanley R. Mandel, M.D., chief of staff and head of the organ transplantation program.

"We are especially pleased that our medical center will initiate pediatric liver transplants in North Carolina, and hope that many of the young patients who have had to leave the state to receive transplants will now be able to stay at home, near family and loved ones," Mandel said.

The program expansion was approved by action of the UNC Hospitals Board of Directors, subject to guidelines governing financial reimbursement for the procedure.

Eric B. Munson, UNC Hospitals' executive director, said the addition of liver transplants is a logical extension of the overall surgical program at UNC Hospitals which now includes heart, lung, heart-lung, kidney and cornea transplants. He added that a new bone marrow transplant program is also being considered and will likely be the next transplant program to follow.

"Actually, our Board of Directors reaffirmed its 20-year commitment that positions UNC Hospitals as a prominent organ transplantation center," Munson said.

Since the late 1960s, when the organ transplantation program at UNC Hospitals began, more than 500 kidney and some 400 cornea transplants have been performed. UNC Hospitals began heart transplants in late 1986, and 27 have been performed since that date. Early in 1990, the institution's first and second lung transplants were performed. The medical staff also is equipped and capable of performing heart-lung transplants.

Pathway to Practice in 2000: 'Doing the Right Thing'

Harold C. Pillsbury III, M.D., professor and chief of otolarnygology/head and neck surgery, told the Class of 1990 "that we are on the threshold of another golden age of medicine."

In the May 13 commencement address, Pillsbury predicted that "the big advance for the 21st century will be the application of biomedical technology to patient care. The miniaturization of diagnostic and therapeutic devices for insertion into the body will change the way we diagnose and treat practically all diseases.

"In addition, we are unlocking the genes which have precipitated some of the most hopeless conditions known to medicine.

"However, lest we get too enamored with biomedical technology, we will each have to continue to do a proper history and physical exam on every patient to know how to proceed."

Pillsbury asked: "What will it take to be worthy to serve the suffering in the year 2000?"

"You have positioned yourself, by virtue of your medical education, to be ready to grasp this moment in the service of those who look to you as their guide out of anguish and pain.

"When confronted with choices, one should always endeavor to do *the right thing*. This may seem simplistic, but in 90 percent of all situations, there is a clear choice concerning the best course of action.

"Doing the right thing may not be the most comfortable road to take nor the most profitable, but as leaders in medicine, you have a commitment to pave the way for others."

Pillsbury also commented about the potential for government and industry to make impositions in the field of medicine.

"There can be no intervention without complicity from the next generation. The young physician must remember that as long as he or she maintains the vital link *with the patient*, no bureaucracy will come between the two. It matters little who finances the system as long as we maintain our integrity."

Lineberger Research Center Reaches $1 Million Goal

The Lineberger Cancer Research Center has reached its $1 million goal to establish a multidisciplinary breast cancer research program.

"The program, as it develops, will offer breast cancer patients comprehensive treatment by a team of specialists from different disciplines to determine the best approach for each woman," said Joseph S. Pagano, M.D., director of the Lineberger center. "This program will be one of the few in the country with a very broad-based approach to breast cancer."

As a part of a May 17 celebratory dinner, the Sandra Kay Yow Cancer Research Laboratory was dedicated. Yow, women's basketball coach at N.C. State University, served as the honorary fund-raising chair.

Program to Identify Alumni To Host Students

Federal regulatory changes that resulted in cuts in financial aid for residency interviews for medical students, have prompted UNC medical school alumni affairs officials to look at ways to help.

The department is preparing to pilot test a program that would identify alumni to act as resources to students interviewing at hospitals in their area. The program would involve helping students in a variety of ways, from hosting a student in their home to providing general information about the hospital or city.

"We're not trying to get alumni into the hotel business, but we'd like to see alumni assist in any way they can...even if it's just serving as the student's entree into the community," said Stephanie Stadler, Alumni

News Briefs

Newly inducted members of the John B. Graham Student Research Society gather at a banquet given in their honor at the Carolina Inn. The 31 new members made presentations during 1990 Student Research Day ceremonies.

Affairs executive assistant and program coordinator.

According to Ronald Oxendine, student services manager with Student Affairs, the regulation prohibits "financial assistance for anything related to post graduation. Therefore, the cost of residency interviews can no longer be built into the financial aid package."

The average cost for residency interviews is about $1,500 per student and each student typically goes on 10 to 15 interviews, said Oxendine. However, total costs to go on interviews vary, depending on the location, and one interview can cost more than $1,000, including air fare, transportation and lodging.

A couple of medical schools have already set up similar programs with their alumni and have had good results, said Stadler. "Not only does the program benefit students, but it fosters more alumni contact with each other and the school," she said.

Initially, the program will target three southeastern cities which have large teaching hospitals with a variety of residency programs, said Barbara Renner, Ph.D., Program Director of Student Affairs. These cities, Birmingham, AL, Gainesville, FL, and Charlottesville, VA, attract a large number of UNC medical students each year for residency interviews. Alumni in those and other high-traffic areas will be asked what, if any, support they could offer a medical student interviewing in their area.

Letters will be mailed to alumni in specified areas this summer. However, if you are interested in hosting a medical student interviewing in your town, contact Stephanie Stadler at 1-919-962-2118.

Diuretic May Retard Lung Damage from Cystic Fibrosis

Two UNC researchers have conducted a study that suggests that the diuretic drug, amiloride, can delay life-threatening lung damage resulting from cystic fibrosis, the leading fatal genetic illness among whites.

Michael R. Knowles, M.D., associate professor of medicine at UNC and principal investigator in the study, and Richard C. Boucher, M.D., director of the UNC Cystic Fibrosis Research Center, recently published their report in the *New England Journal of Medicine.*

The pilot study involved 14 adult patients, who received six months of treatment with either amiloride or an inactive salt solution in aerosol form.

"We found that aerosolized amiloride therapy prevented the loss of vital lung capacity by 60 percent when compared with the salt solution," Knowles said.

UNC Surgeons Perform Successful Lung Transplant

The first successful lung transplant ever performed in North Carolina was celebrated at UNC Hospitals May 4, just 17 days after the patient underwent surgery.

Thomas M. Egan, M.D., an assistant professor of surgery at the UNC School of Medicine who led the surgical team, said the patient, a 26 year-old woman, suffered from end-stage lung disease. "I've never seen a lung transplant patient recover from surgery so quickly," Egan said. "She was breathing on her own within 12 hours of surgery, and was out of intensive care within two days."

Egan said the transplant team hoped to perform its first double-lung transplant and operations on patients with cystic fibrosis in the coming months.

LCME Preliminary Report Is Highly Favorable

The ad hoc site visitation team of the Liaison Committee on Medical Education (LCME) has issued its preliminary report, which is "extremely favorable and one of the most complimentary I've ever seen," said Dean Stuart Bondurant.

Although the final LCME report is not expected until sometime in July, UNC medical school officials expressed optimism that the visitation team's recommendation for maximum accreditation (seven years) would be approved.

The LCME is the national accrediting body for programs in medical education leading to the M.D. degree.

1990 Alumni Officers Named

Following are the current officers of the Medical Alumni Association:

David Rendleman '70, Raleigh, president; E. Carwile LeRoy, '60, Charleston, SC, president-elect; James B. Sloan '70, Wilmington, vice president; Nelson B. Watts '69, Atlanta, GA, secretary; and C. Ellis Fisher '69, Gastonia, treasurer.

Serving as councillors this year are: Samuel G. Jenkins '55, Elizabeth City, and Michael C. Alston '78, Murfreesboro, District 1; Jack H. Welch '63, Greenville, and Neil C. Bender '63, New Bern, District 2; Joseph T. McLamb '67, Goldsboro, and R. William Bynum '79, Rocky Mount, District 3; James D. Hundley '67, Wilmington, District 4; Thomas Newton '81, Clinton, and Kenneth E. Locklear '79, Red Springs, District 5; Annie L. Wilkerson '36 and J. Tift Mann III '69, both of Raleigh, District 6.

Harvey J. Hamrick '67, Chapel Hill, and Dwight D. Perry '80, Durham, District 7; John G. Briggs Jr. '69 and J. Hugh Bryan '69, both of Fayetteville, District 8; Edward C. Sutton '49, Burlington, and Franklin D. White '59, Siler City, District 9; William E. Bowman '74, and Elizabeth Eagle '79, both of Greensboro, District 10; Jesse H. Meredith '49 and Thomas L. Pope Jr. '78, both of Winston-Salem, District 11; Charles D. Collins '74, Rockingham, and Carl A. Furr Jr. '58, Concord, District 12.

John W. Foust '55 and Darlyne Menscer '79, both of Charlotte, District 13; Joel S. Goodwin '59 and John O. Reynolds '71, both of Salisbury, District 14; Donald D. McNeill '65, Lenoir, and Janet R. Szabo '80, Hickory, District 15; John B. Gentry '59, Shelby, and Robert H. Lester '75, Cramerton, District 16; Joe Hurt '65, Sylva, and Edward Lesesne '69, Canton, District 17; and A. Eldridge Leake '66 and Michael H. Young '75, both of Asheville, District 18. At large councillors are: Subir Roy '70, Pasadena, CA; William Bates '65, Greenville, SC; C. Richard Fleming '69, Jacksonville, FL; Elliott Solomon '60, Rye, NY; A. Everett James '63, Nashville, TN; Howard S. Kroop '72, Woodbury, NJ; and Mitchell Hardison '80, Raleigh.

What's a pearl worth? Well, that depends on who gives it to you. Fourth-year UNC School of Medicine students chose 17 faculty members to dispense their best "clinical pearls of wisdom" at the 1990 Pearl's Day. Some doctors donned costumes and used foreign accents to help them better illustrate their words of advice, while others took the event a bit more seriously. Here, (Chef) James H. Scatliff, M.D., professor and chair of radiology, in his best French accent, describes the possibilities for brain contusions using cordon bleu ingredients for visual effect.

News Briefs

UNC medical students Kim Windley (left) and Veronica Mitchell (right) talk with James R. Gavin, M.D., who presented the Tenth Annual Lawrence Zollicoffer Lecture in 1990. Gavin, a highly regarded diabetes specialist and authority on minority medical education, is professor of medicine at the University of Oklahoma Health Sciences Center in Oklahoma City.

Holderness Fellows Named

Fifteen UNC medical students have been awarded Holderness Medical Fellowships for 1990-91. The awards, worth $3,000 each, are given to support research and other scholarly work by the students, including work conducted with a faculty member of their choice.

The fellowships allow students to explore specific issues in their areas of interest. Research topics of this year's fellows range from the effects of prenatal care and compliance on specific factors of pregnancy outcome and infant mortality to sympathetic innervation of the inner ear.

Holderness fellows are: Michael C. Blake, Prince Georges County, MD; Paul B. Brechtelsbauer, Waynesboro, VA; Justin J.G. Broughton, Raleigh; Angela Ferebee, Fayetteville; Drew A. Jones, Asheboro; Tul Kalayanamit, Bangkok, Thailand; David S. Leslie, Boston, MA; Susan R. Mims, Baltimore, MD; Sean M. Muldowney, Manchester, CT; Scott N. Schwirck, New York, NY; Jon W. Serling-Boyd, Slidell, LA; James S. Steadman, Lynn, MA; Benjamin D. Sutker, Charlotte; Gilbert R. Upchurch Jr., Reidsville; and Eric A. Whitsel, Cheltenham, PA.

The Holderness Medical Fellowship Program was established in 1980 by the Howard Holderness family of Greensboro.

UNC Researchers Honored During Marvin Bush Visit

Several researchers at the UNC School of Medicine's Center for Gastrointestinal Biology were recognized at a reception and fund raiser in which the guest of honor was Marvin Bush, youngest son of President George and Barbara Bush. Marvin Bush visited UNC School of Medicine and UNC Hospitals in April to talk about the advances being made in ileitis and colitis research.

Researchers recognized were: Douglas A. Drossman, M.D., associate professor of medicine and psychiatry; Pauline Kay Lund, Ph.D., associate professor of physiology; Ryan Balfour Sartor, M.D., associate professor of medicine; Steven N. Lichtman, M.D., assistant professor of pediatrics; Don W. Powell, M.D., associate chair and professor of medicine and chief, Division of Digestive Diseases and Nutrition; Robert S. Sandler, M.D., associate professor of medicine; and Martin H. Ulshen, M.D., associate professor of pediatrics.

Marvin Bush, a spokesperson for the National Foundation for Ileitis and Colitis, suffered from ulcerative colitis at the age of 29. After having a ileostomy, he today, at 33, continues his career as an investment consultant and remains active in sports.

UNC Alumni and Students Awarded International Fellowships

Three UNC School of Medicine students and two alumni recently were awarded MAP/Reader's Digest International Fellowships. The fellowship, given semiannually by MAP International, a Christian global health organization, provides residents, interns and senior medical students from North America the opportunity to serve at remote clinics and hospitals in developing countries.

Fourth-year medical students Laura E. Cooper and Stuart L. Cooper and will train

in Liberia, while Samuel B. Fleming, also a fourth-year student, will be stationed in Pakistan. Dianne C. Duffey, M.D. '90, will practice in India and William J. Leland, M.D. '87, will be in Kenya.

Thurston Honored For Contributions To Arthritis Research

D.J. "Doc" Thurston, benefactor of arthritis research at the UNC School of Medicine, was honored recently for his contributions to UNC's arthritis center.

Thurston

Thurston, a Charlotte businessman, philanthropist and longtime supporter of the medical school, has pledged $3 million toward the Arthritis Center's new facility, which will bring together the more than 50 UNC faculty members currently studying arthritis.

The "D.J. Thurston Arthritis Research Center and Building" is scheduled for a fall 1990 groundbreaking and is expected to open in 1993.

The ceremony was attended by about 50 people, including UNC System President C.D. Spangler (a longtime friend of the Thurston family), UNC Chancellor Paul Hardin, Stuart Bondurant, M.D., dean of the medical school, and Arthritis Center Director John B. Winfield, M.D.

"This building is a fitting memorial to our alumni," Spangler said. "Because of Doc Thurston's leadership and unrelenting drive to make good things happen, this university will advance the treatment of arthritis."

The Arthritis Center is one of 12 facilities, and one of only two in the South, designated by the National Institutes of Health. The more than 100 different rheumatic diseases arthritis comprises affect about 35 million Americans, including more than 40 percent of people over age 65 and more than a quarter million children.

Thurston, who has devoted nearly a decade to furthering arthritis research and treatment at UNC, said, "Wouldn't it be wonderful if we could conquer and eliminate arthritis? The arthritis researchers are committed to making life more worthwhile for all of us who suffer from this terrible disease."

Wood Receives Medical Alumni Citation

William B. Wood, M.D. '56, an associate dean and former director of Alumni Affairs, has been honored by his colleagues for outstanding service.

Wood was presented the citation for meritorious service as associate dean for continuing medical education and alumni affairs, a position he held from 1978-1988.

"All of us who have attained part or all of our formal medical education in Chapel Hill, regardless of the years we were here, owe a great debt of gratitude to Bill Wood," said W. Grimes Byerly, M.D. '50, past president of the Medical Alumni Association.

Wood

"This is because Bill's intense loyalty and passion toward this university was readily apparent in his approach to building and nurturing relationships between the alumni and the medical school administration, faculty and students."

Wood currently serves as professor of medicine in the pulmonary division. He also is director of the adult allergy clinic.

Medical School Theater Group Cited in NEH Grant

The National Endowment for the Humanities has given an Exemplary Award and a $75,000 grant that will benefit the efforts of the Chapel Hill Staged Reading Co., made up of UNC health sciences students and sponsored by the School of Medicine.

The award and grant, which went to the N.C. Humanities Council, in part recognized the leadership of Nancy King, J.D., assistant professor of social medicine. In 1988-89, she organized programs that involved a series of dramatic readings introducing literature about the practice of medicine.

Reviewers at the National Endowment for the Humanities called the theater programs "extraordinary," and commended them for seeking "to interest and build bridges among practicing physicians, their communities, humanities scholars and medical humanities teachers."

The Medical Alumni Association will hold its Fall Medical Alumni Weekend September 21-22. The continuing medical education topic, to be presented on Friday at the Kenan Center, is: "Obesity: Can We Make a Difference?" A social and dinner will follow Friday evening at the Carolina Inn, and new Loyalty Fund Associates will be recognized at that time.

Then, on Saturday, after morning business meetings, a pig pickin' will take place in the Student Commons area. At 1:30 p.m., UNC will meet University of Kentucky at Kenan Stadium.

Join us for an informative and fun weekend.

News Briefs

Medical Endowment Campaign – Off to a Good Start

The Medical Alumni Endowment Fund is more than one-third of the way toward its initial $1 million fund-raising goal for the UNC School of Medicine.

A majority of the funds has been raised through two campaigns which began in October and November 1989. So far, with 100 percent participation from the Alumni Faculty Campaign committee, which includes 65 of the 650-member faculty, and 79 percent participation from the Medical Alumni Endowment Board, which has 24 members, nearly $375,000 has been given or pledged.

"It's always critical to get the support of the home team before approaching other alumni beyond Chapel Hill. We're off to a promising start," said George Johnson Jr., M.D. '50, chairman of the steering committee for the Alumni Faculty Campaign. Johnson, Roscoe Bennett Gray Cowper Professor of Surgery, is chief of the Division of General Surgery, Department of Surgery.

"The board and the alumni faculty have demonstrated that they are behind the medical school and want to support it in every way possible. We expect the enthusiasm that has been demonstrated to be matched by the general alumni association," said Richard A. Boyd, M.D. '56, chairman of the steering committee for the board campaign. Boyd is an associate of the Statesville Medical Group, P.A.

Income from the Medical Alumni Endowment Fund will be used to develop, maintain and expand student and faculty programs in the School of Medicine.

Other members of the campaign steering committee of the Medical Alumni Endowment Board are: Daniel L. Crocker. M.D. '70, Luther W. Kelly Jr., M.D. '46, Noel B. McDevitt, M.D. '64 and Joseph D. Russell, M.D. '69.

On the Medical Alumni Faculty Steering Committee are: W. Paul Biggers, M.D. '63, William B. Blythe, M.D. '51, Gerald W. Fernald, M.D. '60, Christopher C. Fordham III, M.D. '49, Wesley C. Fowler, M.D. '66, James R. Harper, M.D. '60, John C. Herion, M.D. '51, Edward A. Norfleet, M.D. '70, Cort A. Pedersen, M.D. '79, and C. Glenn Pickard Jr., M.D. '62.

Bernard

Collins

Cutchin

Hunt

Kelly

Slade

Medical School Honors 6 For Distinguished Service

Six individuals were honored with 1989 University of North Carolina School of Medicine Distinguished Service Awards in March.

Dean Stuart Bondurant presented awards to: Herman W. Bernard, of High Point; Francis S. Collins, M.D., of Ann Arbor, MI; Lawrence M. Cutchin, M.D., of Raleigh; Emory S. Hunt Jr., of Chapel Hill; David L. Kelly Jr., M.D., of Winston-Salem; and James N. Slade, M.D., of Edenton.

Bernard, a furniture industry executive, was recognized for his work as "a driving force in the community" and for his leadership in the development of High Point Regional Hospital.

Collins, chief of the Division of Medical Genetics at the University of Michigan's Howard Hughes Medical Institute, is famous

A nursery rhyme comes to life as fourth-year medical students Robert Ehinger, John Entwistle and Murphy Townsend, along with James A. Bryan II, M.D., professor of medicine (left Tweedle), and Axalla J. Hoole, M.D., associate professor of medicine (right Tweedle), display their acting talents at Faculty/Student Skit Night 1990.

for his work as co-discoverer of the cystic fibrosis gene.

Cutchin, president of Carolina Doctors' Care, Inc., in Raleigh, was honored for his service to medical practice in Tarboro and Edgecombe County. Cutchin's work in expanding the Tarboro Clinic led to development of a network of health centers in several small towns throughout the county, and served as a model for the Area Health Education Centers system.

Hunt, currently a fund-raising consultant to the School of Medicine, has devoted the past 35 years to development activities of the medical school and UNC Hospitals. He is a past assistant director and executive director of the Medical Foundation of North Carolina, Inc., and a former director of development for the School of Medicine.

Kelly, now chairman of the Department of Neurosurgery at the Bowman Gray School of Medicine in Winston-Salem, was cited as a "distinguished leader of American neurosurgery whose clinical and academic work in the field has set a high standard for neurosurgery not only in North Carolina but nationally as well."

Slade, a pediatric and adult medicine specialist in Edenton, was honored as a "quiet, gentle force for excellence." The second black medical graduate of UNC, he returned to his hometown to practice in 1965. Since then, he has devoted his professional life to improving access to health care for the entire community.

New Nursing Recognition Awards Program Shows Doctors' Appreciation

The School of Medicine and its physicians have established a new awards program to recognize outstanding nurses on the staff at UNC Hospitals.

Six Nursing Recognition Awards, valued at $1,000 each, will be presented by medical school doctors to professional nurses who demonstrate superior nursing achievement.

"We are delighted to announce this endeavor as a tangible means to recognize the countless vital contributions that our nursing colleagues make to the medical school's academic mission and public service goals," said Dean Stuart Bondurant.

News Briefs

Kilby and Ciesielski

6 UNC Medical Students Tapped For Honors

Six UNC School of Medicine students have recently successfully competed for research fellowships or other awards.

Norman E. Sharpless, a second-year medical student from Greensboro, has been selected as a 1990-91 Howard Hughes Medical Institute—National Institutes of Health Research Scholar. He, along with 35 other medical students nationwide, will spend a year doing research with leading medical scientists at the National Institutes of Health laboratories in Bethesda, MD.

Scott V. Smith has been awarded a Howard Hughes Medical Institute—Medical Student Research Training Fellowship. The third-year medical student from Lenior will spend a year conducting full-time research. He will receive a $12,900 stipend, a $4,000 research allowance and $3,700 for tuition expenses.

Trella Cooper and Angela Ferebee, both third-year medical students, have been awarded Program in Academic Medicine Fellowships sponsored by the Commonwealth Fund and Bristol-Myers Squibb Company. Cooper is from Winston-Salem and Ferebee is from Fayetteville.

Stephen D. Ciesielski of Baltimore, MD, and Michael Kilby of Winston-Salem, have won first and second place awards, respectively, in the William Carlos Williams Poetry Writing Competition for Medical Students. Sponsored annually by the Human Values in Medicine Program at the Northeastern Ohio Universities College of Medicine, the competition is for students studying medicine or osteopathy in the United States or Canada.

Medical Educational Group Meets at UNC

More than 80 members of the Southern Group on Educational Affairs, representing medical schools throughout the southeast, met at UNC in March to discuss issues related to medical education.

The meeting theme, "Toward a More Humane Medical Education," addressed the need to master a great deal of information in a relatively short period of time and its possible stresses on medical students. The conference explored ways of diminishing this stress, while maintaining the quality of a medical education, said Charles P. Friedman, Ph.D., director of the Office of Educational Development and the meeting's coordinator.

Fordham Presented Special AMA Award

Christopher C. Fordham III, M.D., chancellor emeritus and former dean of the School of Medicine, has been presented the Special Award for Meritorious Service by the American Medical Association.

The award, presented by the AMA's Board of Trustees at the organization's annual meeting in June, recognizes a physician who has made an outstanding and continuous contribution to medicine.

Fordham, a professor in the Department of Medicine, was cited as "instrumental in making experiments in medical education acceptable in academic circles. As dean, he developed the University of North Carolina School of Medicine into one of the elite among American medical schools, and in doing so, helped set standards for medical education for the world. In the process, he has assisted in training numerous individuals who are now leaders in American medicine."

Fordham

Philanthropist Honors Medical Student and Faculty Mentor

The Bernice Penn/Gilbert Rivers Upchurch Jr. Faculty Development Endowment Fund for Basic Research in Vascular Surgery has been established at the UNC School of Medicine by Bernice Penn Moore of Reidsville.

Moore established the Penn/Upchurch Fund to honor the accomplishments of third-year medical student Gilbert R. Upchurch and to recognize the role that George Johnson Jr., M.D., has played in Upchurch's development as a physician.

Income from the Penn/Upchurch Fund will be used to perpetuate the work of the Department of Surgery's vascular section, established by Johnson in 1971.

Johnson, Roscoe Bennett Gray Cowper Professor of Surgery, is a native of Wilmington. He joined the Department of Surgery in 1959. "My focus is on the development of young minds to become effective problem solvers," said Johnson. "As I near retirement, this endowment ensures the future and perpetuates what we have achieved over the past 19 years."

Upchurch says when he graduated in 1983 with a history degree from UNC, he was undecided about a career. "I knew I wanted to go to medical school, but needed additional course work."

After working for a computer company, he returned to UNC as a student research assistant and enrolled in science classes. It was at this time he met Johnson, eventually going to work in his laboratory.

"He is a great role model and helped me realize the importance of being focused," said Upchurch. Johnson recognized Upchurch's potential and encouraged him to pursue medical school.

Bernice Penn Moore recently established an endowment fund in vascular surgery to honor medical student Gilbert R. Upchurch Jr., (right) and his mentor, George Johnson, M.D.

"When Gib would visit in Reidsville, he would talk of his work with Dr. Johnson and what his encouragement meant," said Moore. "I knew I liked Dr. Johnson long before I met the man."

A member of the class of 1991, Upchurch has compiled a distinguished record as a medical student. He has received numerous awards, three times earning prestigious Howard Holderness Fellowships. He is president of the John B. Graham Student Research Society and has presented and published papers for competition that, according to Johnson, are frequently of the caliber of those of established scientists. He plans to specialize in vascular surgery.

"Gib is the epitome of our mission. I am delighted Mrs. Moore recognizes the need to perpetuate our achievements," said Johnson.

"I just wanted to do something for the vascular surgery section in honor of Gib and one of his mentors. It is important to cultivate young minds and to encourage direction, so that as young people, they can learn to help themselves," said Moore.

The Penn/Upchurch Endowment Fund is part of the George Johnson Jr. Education and Research Endowment Funds for Vascular Surgery, and will provide continuing opportunities for vascular disease research and training.

Faculty Notes

Caterson Named Norfleet-Raney Professor in Orthopedics

Bruce Caterson, Ph.D., has been named Norfleet-Raney Professor of Research in Orthopedics at the UNC School of Medicine.

Caterson, who joined the Orthopedic Division in the Department of Surgery in 1989, researches the use of monoclonal antibodies to study malfunctions of connective tissues. Some of his recent studies have shown that these antibodies can be used to detect markers that predict the development of arthritis in man and animals. The findings could lead to the identification of specific drugs to prevent arthritis.

Caterson

"Dr. Caterson is one of the world's leading authorities in research into the molecular dimensions of how joints respond to arthritis and injury," said George Sheldon, M.D., chair of the Department of Surgery. "He has brought a full team of investigators, working under his direction to look at the many dimensions of these problems."

The Norfleet-Raney professorship was established by Grizzelle M. Norfleet of Winston-Salem to recognize R. Beverly Raney, M.D., emeritus professor of orthopedic surgery.

Jones Wins Jefferson Award

Mary Ellen Jones, Ph.D., Kenan professor and former chair of the Department of Biochemistry and Nutrition, has received the 1990 Jefferson Award from the University of North Carolina at Chapel Hill.

Chancellor Paul Hardin presented the award during the April Faculty Council meeting. "Like Thomas Jefferson," her citation read, "she is a person of wide interests and accomplishments. Throughout a remarkable career as scientist, teacher and administrator, she has demonstrated an abiding commitment to the ideals of higher education and the democratic process."

Jones

Jones came to UNC in 1966 and held appointments in the biochemistry and zoology departments. She returned to UNC in 1978 after seven years at the University of Southern California, and in 1980 was named Kenan professor, the first female to attain the honor. As chair of the Biochemistry and Nutrition Department from 1978-89, Jones is credited with strengthening the department's commitment to its education mission.

Junior Faculty Development Award Winners Named

Nine junior faculty members of the UNC School of Medicine are among 37 UNC faculty who have been named recipients of 1990 Junior Faculty Development Awards.

Medical school faculty receiving the awards are: **Marie Bristol, Ph.D.**, and **Stephen Hooper, Ph.D.**, psychiatry; **Nancy Chescheir, M.D.**, maternal and fetal medicine; **Robert Dupuis, PharmD.**, pharmacy practice; **Eric Lai, Ph.D.**, and **Leslie Parise, Ph.D.**, pharmacology; **Steven Lichtman, M.D.**, pediatrics; **Brian Popko, Ph.D.**, biochemistry and nutrition; and **Jackson Rousch, Ph.D.**, medical allied health professions.

Harold C. Pillsbury III, M.D., professor and chief of otolaryngology/head and neck surgery, has edited an authoritative reference for physicians facing complex problems in patients requiring head and neck surgery.

Pillsbury

"Operative Challenges in Otolaryngology—Head and Neck Surgery," edited by Pillsbury and Manning M. Goldsmith III, was recently published by Year Book Medical Publishers of Chicago.

"The book provides unique perspectives on common but complex situations head and neck surgeons face everyday," Pillsbury said. The volume encompasses a variety of procedures, including skull, nasal/sinus and reconstructive surgery, as well as infections and anesthesia.

Besides Pillsbury, the book includes contributions from a number of UNC faculty, including **Newton D. Fischer, M.D.**, and **W. Paul Biggers, M.D.**, both professors of surgery; **William W. Shockley, M.D.**, associate professor of surgery; **Mark C. Weissler, M.D.**, and **Amelia F. Drake, M.D.**, both assistant professors of surgery; **Edward S. Norfleet, M.D.**, professor of anesthesiology; and **Eugene M. Bozymski, M.D.**, professor of medicine.

Kunihiko Suzuki, M.D., director of the Brain and Development Research Center and professor of neurology and psychiatry, has been named the recipient of the Humboldt Research Award for Senior U.S. Scientists.

Suzuki

The award, which is given by the Alexander Von Humboldt Foundation, will enable Suzuki to work for nine months in the laboratory of Dr. Konrad Sandhoff, the nominating professor, at the University of Bonn in Germany in 1991.

Leslie A. Walton, M.D., professor of obstetrics and gynecology, has been named a member of the Cancer Clinical Investigation Review Committee of the National Cancer Institute.

Walton

Walton will serve a five-year term on the committee, which is responsible for the merit reviews of investigators in all areas of clinical cancer research carried out by cooperative clinical trial groups. It also serves in an advisory capacity to the National Institutes of Health.

Dwight L. Evans, M.D., professor of psychiatry and medicine, has received the 1990 Eugene A. Hargrove Mental Health Research Award from the N.C. Foundation for Mental Health Research. The award is presented annually for outstanding performance in mental health research. Evans is also chief of the Division of Inpatient Psychiatry and associate director of the National Institute of Mental Health's clinical research center at UNC.

Cindy P. Lawler, Ph.D., postdoctoral fellow, has been named the 1990 recipient of the Morris A. Lipton Fellowship Award at the Brain and Research Development Center in the School of Medicine. Lawler, a native of Reno, NV, works in the laboratory of **Richard B. Mailman, Ph.D.**, professor of psychiatry and pharmacology. They are studying the long-term neurobiological effects of early social isolation in primates.

Barbara James, Ph.D., associate professor and acting director of the Division of Community and Administrative Psychiatry, has been selected to receive the David and Vera Mace Award from the N.C. chapter of the American Association of Marriage and Family Therapists. James was cited for her outstanding achievements in the field and marriage therapy over the last five years.

Class Notes

Manning Berryhill Club

Mary Margaret McLeod, M.D. '32, is retired after years of practicing pediatrics. She says she is enjoying the rest and is doing a little genealogy searching when time permits. She lives in Sanford and would like to hear from classmates.

Jean Rose Stifler, M.D. '34, moved to Chapel Hill a year ago. She retired from the Michigan Department of Health in 1980. She says it's good to be back and invites classmates to write her.

50s

John (Jack) L. Watters, M.D. '50, is enjoying his retirement from Cherry Hospital in Goldsboro. He lives in Raleigh and spends his time golfing and woodworking. He is on the Medical Review Board of the N.C. Department of Motor Vehicles, but he says it's "not enough work to spoil retirement." His daughter, Liza, graduated from the UNC School of Nursing in 1973, and is married to **David Hopper, M.D. '76.**

60s

W. Bryan Latham, M.D. '63, is president of MedFacts, Inc., a medical cost management firm in Miami, FL. He had previously been a thoracic and cardiovascular surgeon in south Florida and the worldwide medical director for GTE Corporation in Stamford, CT.

E. Carmack Holmes, M.D. '64, has received the Jonsson Prize for Research. He is collaborating with Sidney Golub, Ph.D., of UCLA, on a study of patients with lung cancer and functioning of the immune system. Holmes is professor of surgery in the Division of Surgery/Oncology and the Division of Cardiothoracic Surgery in the UCLA Medical School.

Jefferys A. "Mose" Macfie Jr., M.D. '64, practices general surgery with Carolina Surgical Associates in Greenville, SC. He is also chairman of the Department of Surgery at Greenville Memorial Hospital. He and his wife, Betty, have two children and invite you to call them on your way to Atlanta.

70s

Ernest Franklin Beale, M.D. '73, is director of Neonatology at Mary Black Memorial Hospital in Spartanburg, SC. He and his wife have three children. He writes, "the only drawback about living in Spartanburg is that it is in 'South' Carolina."

Bill Bowman, M.D. '74, is a general surgeon in Greensboro and is president of the Greater Greenboro Society of Medicine. He and his wife, Gay, have two children.

Van J. Stitt Jr., M.D. '75, is deputy district administrator for health in District X for the State of Florida.

Leon D. Davis, M.D. '76, is an Army lieutenant colonel living in the Presidio of San Francisco, CA. He has been chief of obstetrics and gynocology at Letterman Army Medical Center there since August 1989.

Judith Littlejohn, M.D. '77, has been promoted to head of the department of cardiopulmonary and hematologic diseases at Burroughs Wellcome Co., in Research Triangle Park. She lives in Prospect Hill.

Littlejohn

Judy Jordan, M.D. '79, has moved to San Antonio, TX, with her husband James. While working on a book on dermatology in her spare time, she also takes on temporary assignments for other physicians.

80s

Mitchell D. Hardison, M.D. '80, recently joined **Wells Edmundson, M.D. '80,** in practice in Raleigh. Hardison had been practicing in Wilson.

Kenneth E. Hollingsworth, M.D. '80, is in his first year of an anethesiolgy residency at the University of Pennsylvania. A lieutenant commander in the Navy, Hollingsworth is married and has two children.

James Andrew (Andy) Bell, M.D. '84, now practices at Western Lee Health Clinic in Lee County, VA, after spending almost two years as a medical missionary in Kenya. He and his wife, Beth, have two children.

Kathleen J. Foster-Wendel, M.D. '84, Housestaff 84-86, practices pediatrics at McFarland Clinic in Ames, IA. She and her husband, Jonathan, a botany professor at Iowa State University, have three children.

David C. Goff Jr., M.D. '86, lives in Houston, TX. During fall 1989, he was chief resident in internal medicine at Methodist Hopital (Baylor College of Medicine).

Deaths

Laura J. Kalfayan

Laura J. Kalfayan, Ph.D., assistant professor of biochemistry and nutrition, died May 9 at UNC Hospitals after a brief illness. She was 37.

"Laura was an excellent teacher and researcher who was liked and appreciated by everyone who came in contact with her—students as well as other faculty members," said Mary Ellen Jones, M.D., Kenan professor of biochemistry and nutrition and former department chair.

Kalfayan, who joined the biochemistry staff in 1984, had conducted research on the ovarian tumor gene in the fruit fly, creating a model system to analyze problems in ovary development of higher organisms, such as mice and humans, said Jones.

Kalfayan is survived by her husband, Stuart Johnson and son, Adam Kalfayan Johnson, both of Chapel Hill.

Chauncey Lake Royster, M.D. '33
Joseph M. Shachtman, M.D. '33
Ian M. Schiller, M.D., (HS '78-'79)

1990 Distinguished Faculty Awardee, Herbert Jennings Proctor

Professor of Surgery Herbert Jennings Proctor, M.D., died May 11 after a prolonged illness. He was 54.

Proctor recently received the 1990 Distinguished Faculty Award, which recognizes excellence in teaching, contributions to medicine, leadership in physician continuing education, and efforts to improve communications among alumni, faculty and North Carolina residents.

"During Dr. Proctor's 21 years on the faculty, he gained national recognition as a trauma surgeon and as founder of the Trauma Service at the UNC medical center," said George F. Sheldon, M.D., chair of the Department of Surgery.

In 1989 Proctor was selected Best Teacher of the Year by surgery department residents. "There is no question, Dr. Proctor had tremendous clinical acumen, but an equally strong suit was his dedication as a teacher," said Sheldon.

The Glen Cove, NY, native graduated from Princeton University and went on to earn his medical degree from New York University College of Medicine in 1962. After performing his internship and residency in general surgery in Chapel Hill, he took on an assignment with the Navy in Vietnam. He later returned to UNC in 1969 as an assistant professor of surgery and attained the rank of professor in 1978.

He is survived by his wife, Barbara, daughter, Julia, and mother, Florence Proctor, all of Chapel Hill, and a son, Christian Proctor of Annapolis, MD. Donations may be made to the Herbert Jennings Proctor Research Endowment, Department of Surgery, UNC School of Medicine, in his memory.

'Chapel Hill Experience' Prepared Him For the Future

It seems that new Medical Alumni Association President David A. Rendleman III, M.D., was destined to be a part of what most who advanced their education at the University of North Carolina call the "Chapel Hill experience." It was in his blood.

His great-grandfather and grandfather finished law school here. His grandmother, at a time when few women went on to higher education, attended school here. His father, David A. Rendleman Jr., M.D., a member of the Manning Berryhill Club, recently celebrated the 40th anniversary of his graduation from the UNC School of Medicine.

So, it was natural for Rendleman to enter UNC in 1962, after completing high school in Salisbury. Here he stayed, taking in the "Chapel Hill experience" for 13 years, earning his undergraduate degree in chemistry and later graduating with honors from the UNC medical school in 1970.

After performing his residency at North Carolina Memorial Hospital from 1971-1975, Rendleman served as an Army major stationed at Darnall Army Hospital in Fort Hood, TX, for two years. He refers to the adventure as his "Military Medicine Fellowship."

"The best part of the whole thing was learning that my Chapel Hill experience put me way ahead of those guys (other orthopedic surgeons). The training I got in Chapel Hill well-prepared me for what I would meet outside."

Today, Rendleman is an orthopedic surgeon at the Bone and Joint Surgery Clinic in Raleigh with seven associates, four of whom also earned medical degrees from UNC. He is also on staff at Rex and Raleigh Community Hospitals.

In assessing his goals as president of the Medical Alumni Association, Rendleman says he plans to maintain the momentum gained by past alumni leaders, but also wants to look further down the road to see what it is that attracts students to become active in the organization.

Outgoing Medical Alumni Association President W. Grimes Byerly, M.D. (right), 'passes the gavel' to 1990 President David Rendleman, M.D.

Rendleman said the Medical Alumni Association could play a role in assisting students from graduation on, a role that would help them with their careers as well as make them feel a part of the association.

"When they graduate from medical school, most are several years out from practice and consider themselves to be in training. They really don't participate in alumni affairs until they're in practice and a little time has gone by. Then they start looking at it as a way of keeping in touch. I would like to get them involved sooner."

Rendleman said that one way to get students involved would be by forming a residency interview network, in which alumni would act as a resource to help medical students in choosing residencies. "Helping them look at more places, feeding them, housing them and just being a resource, would create a level of involvement that would tend to bond them to the alumni association."

The medical school alumni affairs office is gearing up to pilot test such a program.

Rendleman also said he would like to examine ways to enhance the Continuing Medical Education programs and get more alumni from around the country involved.

Rendleman has been active in the Medical Alumni Association for many years now, having served as secretary before becoming president-elect last year. "He brings a record of outstanding leadership to the Medical Alumni Association and has been extremely supportive of the School of Medicine," said William E. Easterling Jr., M.D., associate dean for continuing education and alumni affairs.

Rendleman, and his wife, Mary, a graduate of the UNC physical therapy program, live in north Raleigh with their children, Anne and Kate.

Rendleman approaches his term as alumni association president much like he does his professional practice:

"You've got to enjoy what you're doing. You've got to enjoy working with people."

President's Letter

As I begin my year as president of the UNC Medical Alumni Association, I would like to thank you for the honor and responsibility you have given me. The hard work and leadership of my predecessors have generated exponential growth in all facets of the association. A great deal of credit also goes to Dr. Easterling and his fine staff.

This momentum needs to continue through some tough times ahead in the medical school. Dean Bondurant has discussed the shortfalls in anticipated state revenues and its impact on the medical school and the entire UNC system. The medical school has made incredible advances in the past through the efforts of Dean Bondurant and our faculty. The prospect of salary and position freezes, or even cutbacks, could have draconian effects.

Retention and recruitment of faculty is possible only if there is a positive outlook for salary and position advancements. State and contractural regulations preclude income from outside professional sources and our school's ability to compete for faculty must be maintained.

We need to look at the right pressure points to assure our University's and medical school's hard-won standing is not reversed overnight by budget shortfalls. The good health of the people of North Carolina is on the line. If you know anyone in a position to influence these funds, please put in a strong word of support. The UNC Board of Governors, the UNC at Chapel Hill Board of Trustees and the General Assembly are the pressure points. Let's work together to press for a positive solution for this funding problem.

The spring Medical Alumni Association meeting was one of the best ever. The increase in participation was extremely gratifying. We're working hard to continue providing CME programs of general interest and would like to involve more alumni, wherever they may be, in these programs. In the fund-raising area, challenges between the classes of 1950 and 1955 generated more than $130,000 for the Loyalty Fund. Because this fund supports ongoing and future projects of the Alumni Association and the medical school, it requires a strong, dependable source of annual giving. Your support is vital.

Dean Bondurant joins Medical Alumni Association campaign leaders Richard Boyd, M.D. '56, W. Grimes Byerly, M.D. '50, William Blythe, M.D. '51, George Johnson, M.D. '50, John Foust, M.D. '55, and William Easterling, M.D. '56, as they accept checks for the Medical Alumni Endowment Fund and the Loyalty Fund.

Another project, the Medical Alumni Endowment Fund, which seeks to raise an initial $1 million for faculty and student enrichment programs, is off to a great start. The campaign will soon reach out to you, the general membership, for support.

If you have any medical questions, call the Carolina Consultation Center at 1-800-862-6264, or if you plan to visit Chapel Hill, call the Medical Alumni office at 1-919-962-2118. We can quickly put you in contact with faculty members and inform you of the happenings in "Blue Heaven."

I look forward to a continued year of growth and appreciate your support.

Dave Rendleman

D.A. Rendleman III, M.D. '70

CME/Alumni Calendar

Medical Alumni Activities		
September 21-22	Fall Medical Alumni Weekend	Chapel Hill
Continuing Education		
August 8-11	Pediatric Bronchoscopy Course	Chapel Hill
August 16-18	Practical Geriatrics	Chapel Hill
August 22-24	Practical Geriatrics	Charlotte
September 7-8	Pediatric Advanced Life Support Provider Course	Chapel Hill
September 14-16	N.C. Society of Anesthesiologists	Myrtle Beach, SC

For more information contact the CME office, 231 MacNider Building, UNC, Chapel Hill, NC 27599-7000, CB #7000, (919) 962-2118.

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